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ABSTRACT

The report summarizes the findings of a study of the processes, strategies, and experiences of 61 individuals involved with or affected by implementation of Public Law 94-142 (the Education for All Handicapped Children Act) in Oregon. The focus of the survey is on school districts' initial attempts to determine requirements of the law and develop strategies for meeting those requirements, and efforts to implement new or modified programs and procedures. Results and recommendations are discussed in the following four areas: planning and policy development, procedural safeguards, services coordination, and training. The two primary needs identified by district personnel were provision of a comprehensive training program addressing the specific components of P.L. 94-142 and its implementation at the local level and the establishment of a statewide information system in which examples, models, and materials on a variety of handicapping conditions are made available and accessible to local districts. (Author/PHR)

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LEA Response to Mandated Change

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INTRODUCTION

Passage of the Education for all Handicapped Children Act, Public Law 94-142, has had a significant impact on the public school system. Many of the elements of this mandatory education legislation are based upon educational philosophy and state of the art concepts that are unique and advanced with respect to typical school districts. The law mandates that each child be provided a "free appropriate public education." Congress requires state and local education agencies to insure implementation of appropriate education through the: 1) conduct of programs for identifying handicapped children; 2) provision for non-biased assessment of a child's needs; 3) development and implementation of an individualized education program for each child in the "least restrictive environment." Public Law 94-142 also provides parents and children with protection of due process of law in all decisions regarding identification, diagnosis and placement. The law specifies criteria for compliance, provides penalties for non-compliance and requires immediate implementation of mechanisms to bring the educational system to full compliance by October, 1978.

This report summarizes the results of a study examining the processes, strategies and experiences of a sample of Oregon school districts' efforts to implement P.L. 94-142. The focus of this study is on school districts' initial attempts to determine requirements of the law and develop strategies for meeting those requirements, and efforts to implement new or modified programs and procedures.

This report is divided into five sections. Section I contains a description of the research methodology and sample population. Section II and III present a summary of approaches to change employed by the sample and a discussion of general findings and conclusions. Section IV contains an analysis of district experiences arranged by the procedural requirements of P.L. 94-142, including reactions of district personnel engaged in implementation of the law. Recommendations are presented in Section V.

The study involved a small sample and was designed to describe district experiences. Hence, a heterogeneous group of districts and individuals were selected to provide a broad range of responses and description of experiences.

I. METHODOLOGY

A. Design Modification

The Oregon State Department of Special Education with the assistance of the Northwest Regional Resource Center developed and field tested a means of implementing Public Law 94-142, the Education for all Handicapped Children Act. The resultant "Recommended Procedures" consisted of policy statements, procedures, forms and suggestions districts might use in developing and modifying special education programs and practices to comply with P.L. 94-142. At the time this study was designed, the State Department of Special Education anticipated a limited pilot implementation of the Procedures. The plan called for implementation of the Procedures in selected districts around the state. The pilot districts were to receive technical assistance and training from their respective regional Education Service Districts (ESDs), which in turn were to receive assistance from the State Department of Special Education.

The original design for this study involved tracking the processes and strategies employed by the ESDs and districts in their efforts to implement the Procedures. Through interviews with individuals involved with the implementation activities it was anticipated that the research objective of identifying and describing the characteristics of the change processes employed by local education engaged in planned innovation would be accomplished. However, for reasons not of concern here, the pilot implementation of the Procedures was not conducted. Instead each district in the state was provided a copy of the Procedures as a guide to developing program modifications to effect the requirements of P.L. 94-142.

Subsequently it was determined that, despite cancellation of the pilot program, the research objective could still be accomplished by examining processes LEAs employed in developing compliance programs on their own. Rather than examining planned innovation as originally expected, the study focus was changed to examination of reactive innovation. This modification in design was believed to accomplish the purpose of the study—description of change processes employed--in what is perhaps the more common environment of innovation. That is, how LEAs react to mandated change when faced with insufficient information, resources and time.

B. Sample Population

The sample districts were selected on the basis of size, geographical location, history of special education services and willingness to participate. In all, 13 districts from four regions in the state were involved in the study. These ranged from small rural districts with one or two buildings and a student population of less then 400, to large metropolitan districts with student populations numbering in the thousands. In addition, two ESDs providing assistance to districts and operating their own programs for the handicapped were involved.

Interviews were conducted with 61 individuals inovlved with or affected by implementation of new or modified special education service delivery programs.

Sample population--

Position	Number

District Superintendents	4
Directors of Special Education	11
Other Special Ed. Administrators	7
District Program Specialists	12
School Principals	11
Special Education Teachers	9
Regular Education Teachers	7

C. Procedures

Open-ended interviews were conducted with each participant in the study. Each interview lasted approximately 45-60 minutes, though some were only 15 minutes and others nearly 90 minutes. Respondents were asked to describe their role in or relationship to district efforts to implement P.L. 94-142. Other elements common to each interview included discussions of the impact of implementation on the respondent's role in the school organization, the source and utility of information and assistance received, the respondent's perception of the effectiveness of implementation efforts, and the impact of implementation on services to handicapped children.

Open ended interviews were conducted for two main reasons. First, the focus of the study was a description of processes and strategies districts used in developing and implementing innovation mandated by P.L. 94-142. Since districts were expected to differ both in the approach taken and initial starting points, open ended interviews seemed to best accommodate the anticipated variety in responses and respondents. Second, the impact of innovations on the districts was expected to vary with district size, history of special education programs, and staff resources. Open-ended interviews were determined to be the most effective means of collecting information on impact because of the differences in districts and respondent groups.

Interview notes were taped shortly after the interview was completed. Transcripts of these tapes formed the basic data set for analysis. Responses for each district were examined to develop a comprehensive picture of the districts' efforts to implement P.L. 94-142. Comparisons were then made among districts to identify common approaches. Next, differences in approach were examined and an attempt made to explain the basis for those differences. Finally, the apparent utility of implementation strategies, based on individual responses, was examined.

II. SUMMARY APPROACHES TO INNOVATION

The processes that organizations go through in implementing planned innovations has been described by many writers as involving anywhere from four to eight or more distinct steps. Variation in the number of steps is due to differences in level of detail rather than in basic processes employed. Essentially each organization must first determine requirements for change in the status quo, identify alternative means of satisfying the new requirements, select the most viable alternative and then implement the modifications.

The first phase of determining requirements is accomplished by comparing new mandates with existing programs, procedures and services, and identifying variance between them. In responding to P.L. 94-142 a district following this phase/step would compare the federal regulations with descriptions of existing programs for serving handicapped children, noting any significant differences between the two; thus isolating the district's requirements for change.

The second phase of generating alternative means of satisfying new requirements and thereby modifying existing programs involves analyzing the resources necessary to effect the strategies, the expected benefits and the consequences of implementing same. In response to P.L. 94-142 such efforts could involve assessing the impact of alternative strategies on personnel assignments and responsibilities, projected service demands, financing of special education services, and building space demands.

The third phase of selecting alternatives is comprised of ranking each choice in terms of the resources it demands and the benefits expected to follow from implementation of the strategy. In responding to P.L. 94-142, such efforts may include determination of district capability for meeting the immediate needs as well as intermediate and long range ones.

The final phase of implementation involves the activities of planning, organizing, coordinating and evaluating the selected strategy. Identification and communication of individual roles and responsibilities, allocation of resources, staff training and liaison with other resources and services are common elements of implementation. In response to P.L. 94-142, these elements involve developing new or revised policies and procedures, informing staff and the public of new services and programs, and training teachers and administrators in the new requirements and procedures.

This approach to planned innovation is based on the assumption that school districts have adequate resources and personnel to plan for change, sufficient information on new requirements to analyze deficits in the present system and generate alternative solutions, adequate and reliable information on which to forecast demands that the educational system will be required to meet, and sufficient lead time to plan, coordinate and phase the implementation of program modifications.

In this study it was found that many of the assumptions regarding planned innovation did not exist or that the uncertainty surrounding them was significant enough to negate the assumption. As will be demonstrated in Section III, school districts generally lacked

reliable information on the needs of handicapped children for educational and non-educational services and on specific requirements of P.L. 94-142, as well as sufficient personnel and technical resources, to fully engage in the process of planned innovation. These shortcomings were exacerbated by an absence of lead time to plan and implement modifications resulting from the law. The sample districts were faced with all of these difficulties; however, elements of the planned innovation process were addressed, to varying degrees, by each district. A summary of the change processes and associated strategies the sample districts employed in responding to P.L. 94-142 is presented here, followed in Section III by a description of district experiences in implementing the concept of individualized educational programming.

A. Determining Requirements

The major requirements of P.L. 94-142 affecting the operation of special education programs are in the content areas of multidisciplinary (non-biased) educational assessment (MDA), individualized educational program (IEP) development and implementation, special education placement, and procedural safeguards. Approaches taken by districts were generally consistent across content areas but differed among districts in terms of the scope of staff involvement, availability of information, and levels of the organization involved with each step.

(1) Describing the existing programs:

In establishing the baseline from which to determine service deficits and gaps, some districts (less than half) had available detailed program and service descriptions. These took the form of procedures manuals and program plans, generally describing services offered, type of children served, placement alternatives and program content. However, in the majority of districts such descriptions were not available beyond awareness information designed to give the public and school staff a general knowledge of available programs.

In all districts the availability of reliable data on children needing but not receiving services was limited, both for unserved children currently enrolled and for children not yet receiving educational services. This made forecasts of service demand difficult if not impossible to achieve with any certainty.

In most districts the director of special education or director of pupil personnel was responsible for assuring district compliance with P.L. 94-142; consequently, these indivduals were charged with generating descriptions of available services. Many of the directors' duties and most of their time was concerned with purely administrative activities, preventing them from acquiring specific knowledge of services provided by the district. As a result, the majority of districts relied on general program descriptions to develop baseline descriptions. Some were formal documents or reports; others were informal, existing only in the minds of the directors.

(2) Identifying requirements:

The final P.L. 94-142 regulations were not published until August 23, 1977, and not available to many of the districts for weeks following that date. Although all districts had information on the general requirements of the law, only the larger districts had

advance copies of the full regulations (one district did not receive a copy of the regulations until late December). Much of the directors' awareness of the requirements was obtained at regional meetings on the law conducted throughout the state by the SEA. The next best source of information was from professional organizations, though often this source was noted as somewhat unreliable or incomplete.

Whether working directly from the law, the regulations or other sources, districts' determination of requirements imposed by the law took one of several approaches. In some, the responsible director analyzed the information to identify critical areas of concern. In others, a task force composed of district and building administrators, testing personnel, and special education teachers were responsible for the analysis. Districts not using the task force (group) approach were unable to do so because of insufficient resources or the absence of personnel due to summer vacations. If the option had been available most would have chosen it, believing that a more comprehensive analysis of requirements would have resulted. A few districts selected a third approach, capitalizing on the efforts of others by obtaining analysis of P.L. 94-142 conducted by other districts, professional organizations, service programs, or commercial sources.

The focus of P.L. 94-142 analysis was on the IEP and procedural safeguards. The IEP received attention because it was thought to represent the thrust of the law, with most other requirements feeding into or flowing from the IEP. The IEP was also essential to receipt of special education program funds. Procedural safeguards received much attention because districts were fearful of unintentional, inadvertant violations of the safeguards which would result in litigation. Other explanations offered for the focus on IEP and safeguards were that these two areas were new to the districts, whereas multidisciplinary assessment, confidentiality of information, and others had been in effect for some time.

A few districts began their analyses of the law almost a year earlier than others, based on copies of the proposed regulations; others awaited receipt of final regulations and began the analyses late in August.

(3) Comparing current status with requirements:

Districts which had both detailed program descriptions and task force assistance attempted to compare their district's status with the regulations (or anticipated regulations) to identify deficiencies in special education programs. Essentially, these efforts involved a point by point comparison between MDA, IEP and procedural safeguard regulations and program descriptions. In most cases the task forces' lack of experience with interpretation of federal regulations created uncertainty regarding the level of compliance of existing programs; in these cases existing programs were replaced by the regulations.

Districts without adequate program descriptions or without additional staff assistance adopted a more abbreviated approach. These districts tended to accept the new requirements as superceding existing programs. Essentially, these districts accepted the regulations as a viable service model and adopted them as a description of what their special education service system ought to be. Another distinguishing feature between the two approaches was time. Districts engaging in point by point comparison between present

status and the regulations generally began the process six months to one year prior to the effective date of the law. Districts tending to adopt the regulations as an ideal program usually did not begin the task until late summer. This may, in part, be explained by the fact that these districts lacked personnel until staff contracts began in late August, and the fact that final regulations were not available until that time.

B. Generating Alternatives

Whether the district conducted an extensive analysis of program modifications dictated by the law, or merely adopted the regulations as a program standard, they next engaged in efforts to identify alternative strategies for bringing their program into compliance.

(1) Search for options:

The first step most commonly employed was to examine existing "best practices" used by other school systems within and outside the state. Sources typically employed during this search stage were the SEA, RRCs, ESDs and professional organizations. Regardless of the source used, districts typically found very little in the way of documented models. Models which did exist tended to be insufficient in either documentation or field testing. This was found to be true for both educational assessment and educational programming practices although districts were somewhat more successful in finding documented programming models than models for non-discriminatory assessment.

This search stage was conducted by the task force in districts which had them, or by the director and any available staff.

The urgency of preparing the districts to meet P.L 94-142 requirements by the opening of school sharply limited the search for proven models. The time required to identify, obtain and analyze various model program descriptions was great and available only to few of the districts.

The more common approach involved individuals or groups collecting as many "models" as possible in a short time, relying substantially on ESDs and other districts for the information. Once such information was obtained those responsible would cannibalize the models for elements that would fill the gaps in their particular special education program.

Two difficulties with this approach emerged--first, since the districts had trouble understanding the requirements of the regulations they found it difficult to assess the models to determine whether they were in compliance with the law. Second, the cannibalizing technique usually violated the integrity of the model, which was based on an integrated relationship of all its parts.

(2) Developing alternatives:

Lacking specific information on requirements of the law and on models which would meet the requirements districts focused on procedural or formal aspects of the law rather than function or content of the elements. For example: the law requires that children be evaluated on the basis of more than one test result; typically districts would seek to insure that more than one instrument be used but pay little attention to the utility of each test in the development of IEPs. With this focus on "form", the districts'

approaches to generating alternatives took a similar path. Components of models which appeared to meet formal requirements were suggested for adoption by the district.

In a few districts--those which tended to have adequate time and staff resources--a detailed analysis of some components of the IEP program was conducted. Various options were developed to meet a variety of contingencies, addressing such areas as personnel skill needs, service demands, space requirements, support staff, etc.

In still other districts, time was so short that wholesale adoption of another district's model was selected as the most viable approach. A few districts which had obtained early drafts of the Oregon Recommended Procedures for Special Education modeled their own procedures after them.

C. Selecting Alternatives

Once alternatives had been identified and developed, districts were faced with choosing those which would best suit immediate needs and would be most appropriate for integrating into current district systems.

(1) Assess alternatives:

The process of evaluating various alternative strategies for implementing program modifications was conducted along a number of dimensions. Alternatives were evaluated in terms of necessary personnel, space, expertise and costs. The evaluation was generally performed by the director or other administrative personnel with or without input from program staff.

Because information on service demand levels was generally lacking, this type of alternative assessment was performed in an environment of uncertainty. Estimates of children not being served who would be entering the school system were unreliable; projection of services needed by children currently in school were hypothetical estimates frequently subject to error; necessary staff skills were equally difficult to determine. Consequently, districts tended to rely on summary classifications--numbers of classrooms, certificates required of instructional staff, incidence estimates of the type of handicapped children expected to exist in the service area, etc.--in assessing the impact of alternatives on the organization of the school system in general and special education specifically.

Uncertainty surrounding the conformance, or lack thereof, of alternatives with the requirements of the law contributed significantly to the approach districts took in assessing alternatives, and lead to the dominant approach of weighing alternatives against the formal requirements of the law. If an alternative contained all of the essential elements of the IEP and procedural safeguards it was deemed adequate. Districts justified this approach on the grounds that substantial uncertainty regarding the effect of P.L. 94-142, as well as procedures and models necessary to comply, and unknown demand levels, made detailed analysis of alternatives in a very short time counterproductive. Since very limited staff and fiscal resources were available, many districts felt that they couldn't afford the luxury of such analysis. These districts tended to put their effort into developing/implementing a

compliance system rather than evaluating alternatives.

As was mentioned earlier, uncertainty and time pressures forced many districts to adopt a defensive strategy of focusing on formal requirements of the law. These districts spent their greatest effort in developing forms, procedures and reporting systems with proportionately less effort directed towards educational program content. Receiving the most attention were IEP forms and guidelines, and notice and consent requirements. Again the two dominant approaches in this effort were to assign the task to a committee or to an individual administrator, whose responsibility it was to determine if the formal requirements would be met by adoption of an alternative strategy.

(2) Rank Alternatives:

Ranking of alternatives was conducted informally with a task force or an administrator identifying those alternatives which appeared most likely to meet the requirements of the law. Relatively little attention was given to the internal consistency of alternatives during the ranking. Speed and cost of initial implementation were among the most significant factors in ranking. The uncertainty regarding the impact of an alternative on the school, its resources, and so on resulted in little weight being placed on these factors. Essentially, a given district had very few choices, very little information on each, and very little time to decide on one. The response to these pressures was generally to select the alternatives which met form requirements, leaving other factors to be worked out during implementation.

(3) Selecting the alternative:

Chief district administrators generally received recommendations from directors or task forces on each alternative considered. Recommended options which did not require personnel or finances beyond the extant special education budget were routinely approved. Options requiring additional staff and money usually were passed on to the school board by the superintendent for final approval. Board approval almost always was obtained: the board was generally informed of the federal requirements and that the recommended alternative would meet those requirements. In some cases the improved services to children, expected to follow from the alternative, were argued, but in most instances the federal requirements received the greatest attention. This was explained in part by a belief by most school systems that they were adequately serving the handicapped. This idea was reinforced by the fact that most alternatives focused on form requirements, thus implying that educational programs were currently operating at par. It was significant that program modifications were generally justified on the ground of compliance with federal law and not on the basis of improved services, though most respondents noted that better services would result from implementation of P.L. 94-142.

D. Implementing Alternatives

In implementing the modifications, designed to bring a district into compliance with P.L. 94-142, all districts performed activities to inform staff of P.L. 94-142 requirements and pending program changes. Approaches used in disseminating awareness information varied among districts and target audiences.

(1) Awareness of P.L. 94-142:

Most superintendents and special education administrators received training in P.L. 94-142 requirements at regional conferences conducted by the SEA. These sessions were focused on the procedural and administrative requirements of the law and were conducted in the fall of 1977. Professional organizations were also a major source of awareness information for district administrators: however, this source was thought to be more general and less accurate in terms of the information presented.

District program specialists (diagnosticians, itinerants) received information on P.L. 94-142 primarily through summer studies at universities in the state. The major secondary information source for program specialists was participation in district awareness conferences.

Building level staff (principals, special and regular education teachers) generally received little formal information on the law, other than that provided by professional organizations, prior to implementation of the district's new procedures and programs. However, in a few districts early awareness information on the law was provided to building personnel in district-sponsored workshops.

A common feature of the awareness conferences was the focus on the procedural and formal requirements of the law rather than on the educational philosophy for individualized programming of handicapped children.

(2) Implementation training:

Once districts had developed, adapted or adopted special education program modifications, they began disseminating information regarding them. Availability of time, staff and resources influenced the method of dissemination that each district selected. The target population also varied among districts.

In a few districts, with small staffs and few resources, memoranda from district special education administration to principals and special education teachers were the primary vehicle of disseminating new program requirements. Memos were augmented in some districts by presentations on P.L. 94-142 and the district's new procedures at general staff inservice sessions held prior to the beginning of the school year. The focus of the memoranda and awareness training was usually on IEP requirements and formats, referral procedures and the least restrictive environment concept. This training was conducted or sponsored by the district's special education administration staff. In some cases an ESD provided more specific training to special education teachers in IEPs to supplement the awareness training conducted by the district.

In some districts significantly more effort was expended in making staff aware of P.L. 94-142 requirements and the district's approach to compliance with the law. These districts tended to have well established special education programs and administrative hierarchies. The typical approach was for district specialists (diagnosticians, program consultants, etc.), who had been trained in or had developed district procedures, to conduct training for special education teachers in the specifics of IEP preparation. Typically, this training was for one or two days and was sometimes attended by building administrators. Participants would be given copies of referral procedures and IEP forms and would then be introduced to each

step or component of the process.

A third approach was used by districts with substantial staff and program resources. District procedures and IEP models which had been field tested within the district formed the basis of training. Staff who had worked with the procedures during the field test trained program specialists, generally for two to three days. The program specialists were given responsibility for training the teachers under their supervision. This second level training of teachers usually involved the same materials and model employed in training program specialists.

A fourth approach that some districts used involved the training of building administrators in the procedural aspects of P.L. 94-142 while special and regular education teachers were trained in the components of the IEP and the district's referral system. Regular education teachers usually received general training in the IEP and specific training in referral procedures.

A fifth approach, employed by one district, involved a tiered training. District administrators and program staff received the initial training in P.L. 94-142 at one to two day workshops. Next building administrators were brought in for district-wide training in the requirements and procedures the district would follow. Then special education teachers were trained, by district staff, in referral and IEP procedures. Finally, regular education teachers were given an overview of the law and procedures during inservice sessions held prior to the beginning of school.

Particular training models used in the five approaches varied considerably among districts. The most common model consisted of from one to five lecture presentations on aspects of P.L. 94-142 such as assessment, IEPs, due process and confidentiality of records. The information presented was mostly general in nature.

The next most frequent was a workshop approach where participants were trained in the operation of new special education procedures and in the specifics of IEP and form completion. Participants in these workshops were primarily special education teachers. One district supplemented this approach with individual follow-up consultation with each participant. This extra step was used to resolve difficulties or conflicts participants experienced once they began to use the procedures and forms.

(3) Implementation at the building:

After the district had completed its initial training of staff and teachers in the new procedures, subsequent implementation efforts were the responsibility of the building principal. The approaches to implementation of P.L. 94-142 requirements at the building varied within and among districts. Building level efforts appeared to be influenced by principal autonomy, commitment to the IEP philosophy, and history of special education programs in the building.

In buildings which have had programs for the handicapped the existing informal or formal special education structure generally was given the authority to insure compliance with district procedures, based on training previously received. The principals tended to be less involved with the new programs, leaving implementation to a counselor or to the special education teachers.

In a number of buildings committees of special and regular

education teachers were formed to implement the procedures. These committees generally had strong support from the principal and status within the building. The committees fit school procedures and unique needs to the district procedures and also provided technical assistance and consultation to all teachers working with handicapped children.

If a building was to be serving handicapped students for the first time a general awareness training for all teachers was often conducted. Here participants were acquainted with the educational philosophy and requirements of the law. However, little follow-up assistance to special education teachers was provided in most cases.

The most extensive building level implementation occurred in two schools. In these, the schools previously had served handicapped students and were expanding programs to serve a broader range of children. The principals, very supportive of the philosophy inherent in P.L. 94-142, provided the leadership in adopting new models for serving children. Expressing a belief that the philosophy of individualized education and integration of the handicapped required total building commitment, in addition to meeting the district's procedural requirements, these schools modified existing programs to facilitate the goals of P.L. 94-142 by adopting an integration/mainstreaming educational model. The model had been field tested and well documented in an ESD program in the state. Each building sent a team of special and regular education teachers to the ESD site to view the program in operation. Subsequently, consultants from the ESD visited the schools, introduced all building staff, including instructional, support, clerical and custodial personnel to the model, and provided consultation to individual teachers as they implemented various components of the model.

III. SUMMARY FINDINGS AND CONCLUSIONS

Since the mid 1960s educational programs and services for handicapped children have received increasing federal attention and support. The early 1970s saw enactment of P.L. 93-380 requiring states to identify and serve all handicapped children. Currently the federal influence has expanded to all facets of educating the handicapped with the passage of the Education for All Handicapped Children Act, P.L. 94-142. The impact of P.L. 94-142 has been felt at all levels of the educational system--state agencies are developing guidelines and other strategies to insure statewide compliance with the law, regional education agencies are providing additional services and assistance, local school districts are implementing new programs and procedures to serve handicapped children. The greatest impact of the law in terms of numbers of individuals and organizations affected has occurred at the local level.

School systems as organizations have a propensity to maintain the status quo. Concerns with efficiency, reliability, and tradition encourage school districts to resist change of any significant magnitude. An exceedingly powerful influence must be exerted upon a school system to elicit massive changes in the procedures and practices employed in serving children. Occasionally a force of sufficient strength to induce major change arises from within the school organization. Most often, however, such a force comes from outside. In the area of services to handicapped children, P.L. 94-142 provided a force of sufficient strength to affect all levels of local school district operation. Superintendents and school boards are now involved with establishing policies and obtaining funds for expansion of services to the handicapped. Administrators have spent considerable effort developing procedures designed to bring the district into compliance with the law. Special and regular education teachers and program specialists have had to modify their roles, assignments and teaching techniques to accommodate the handicapped student. Parents of handicapped children are significantly involved in planning the educational development of their children. Even non-handicapped students have been affected by the law as they learn to accept and assist handicapped peers in the classroom.

The following presents a summary of the factors influencing approaches which sampled school districts employed in responding to the law. Forces serving to facilitate districts' efforts and those tending to be dysfunctional are also discussed.

A. Impetus for Change

The impact of P.L. 94-142 was consistent across all districts involved in the study. In each district every level of the school organization and all major substructures were affected. The pervasiveness and consistency of impact is owed to three major factors; (1) the incentive and threat of withholding funds to serve handicapped children, (2) the possibility of litigation resulting from suits by parents, and (3) an increased awareness of the rights and needs of handicapped children. Although each district identified these three factors as the force responsible for inducing change in procedures and services, each reported that the threat of litigation and withholding funds were paramount in efforts to implement the law.

The emphasis on sanctions, rather than the incentive of better services to children, was explained in a number of ways. First, while most district personnel believed that handicapped children had need for educational services there was little agreement on the appropriateness of the regular school as the provider of such services. Attitudes that handicapped children were best served in isolated self-contained programs, though ebbing, were held by many school personnel. Statements such as: "The education of all children will be hurt if handicapped children are in the regular class because they will receive all of the teacher's attention and bring standards down"; "The handicapped enjoy being by themselves, off with others who are more like them"; "The handicapped children don't know where they're at, so it doesn't matter where you put them"; and "It makes other children nervous so they don't do as well, consequently the handicapped child won't do as well", are representative of the attitudes held by many, albeit a minority. Many respondents reported that their emphasis on sanctions was because it was easier to motivate people to change by arguing the force of the law rather than by arguing the efficacy of the educational philosophy expressed by P.L. 94-142. They also noted that while IEP had strong theoretical support, proof of IEP success was lacking, at least in terms substantial enough to change negative attitudes. Consequently, when faced with a choice most respondents opted to argue the "law" rather than the merits of its application, paralleling approaches taken to the 55 mph speed limit--"it's not just a good idea, it's the law."

Second, final regulations were not published until late August; yet implementation was to occur when school began in September. Many respondents also suggested that an emphasis on sanctions was necessary to move bureaucracy and motivate individuals to comply within this very short response time.

A third reason for emphasizing sanctions was that limited resources were available to facilitate implementation. Most districts operated with a budget prepared two years earlier and had not projected substantial increases in special education costs. Believing that the utility of the IEP approach was dependent on full funding, when faced with only partial funding, many respondents were not willing to argue improved services for fear of creating expectations that would not be realized for three to five years.

Finally, a number of respondents commented that the apparent failure of recent innovations in education (open classrooms, elective scheduling, etc.) as evidenced by declining SAT and reading test scores had made many school personnel suspicious of new models for serving children. Considering the increased workload of both regular and special education personnel resulting from P.L. 94-142, along with a general opposition to unproven innovations, many contended that the only way to initiate change was through the threats of P.L. 94-142 sanctions.

Interestingly, current theory of the change process would suggest that commitment based on a concurrence with the goals and mechanisms of the innovation is the most effective motivator of change. However, when faced with little proof of benefits, limited resources and time and negative attitudes threats rather than benefits were emphasized. Judging from the pervasive impact of the law on school district operation and personnel this strategy was effective in

initiating change. Indeed, a majority of administrators interviewed commented that though they were reluctant to employ the sanctions approach they found it to be very useful in initiating compliance efforts.

B. Determination of Requirements for Change

School district administrators generally received formal information on P.L. 94-142 requirements through participation in state-sponsored regional conferences. Draft regulations and analyses of the law were provided along with explanations of its content and general mandate. Armed with this information, most administrators began efforts to determine those specific requirements which would impact on their districts.

Many administrators, however, chose to await publication of final regulations before beginning compliance efforts. At this time there was considerable debate among educators nationally regarding the final requirements of P.L. 94-142. National professional organizations were contemplating strategies for substantially diluting the requirements specified in draft regulations, and some legislatures were considering alternatives to narrow the impact of the law in their states. Because of uncertainty surrounding the final regulations, many administrators believed their strategy of postponing responsive efforts until final publication was the most reasonable alternative available.

In contrast, other administrators believed that the final regulations would closely approximate the early drafts; consequently they began compliance efforts at the conclusion of the state-wide awareness conferences. This gave these districts approximately a one month head start. A few districts, whose administrators had recently been employed in other states, began their response to P.L. 94-142 considerably earlier--up to one year before most other districts. This was due to the experiences these administrators had with similar efforts in their previous employment.

Once districts made the decision to respond to P.L. 94-142, they began the task of analyzing either draft or final regulations to determine what modification might be needed in existing programs and practices. Districts which began this process early and had available staff established committees which were given responsibility for analyzing regulations and programs. In those districts beginning later or lacking staff to assist in the analysis, this responsibility was usually assigned to the chief special education administrator.

Approximately half of the districts found the regulations sufficiently broad to accommodate most existing programs and practices. The remaining half believed the regulations to be so narrow as to require drastic modifications of programs and procedures. Significantly, few apparent differences existed among districts' special education programs. This divergence of opinion seemed to be based upon individual interpretation of the law rather than upon variance in district practices. As district administrators began sharing their different interpretations of the regulations uncertainty regarding their initial reactions tended to increase. Consequently, most administrators decided to adopt a strict interpretation of the regulations, focusing on procedural requirements in order to protect their district.

In analyzing the regulations districts chose not to seek much assistance from the state. Reasons offered by respondents suggested that the state office had little information to add; or that the state office was thought to be so busy the district did not want to burden it with requests for assistance; or that needed assistance probably was not available within the short time period available for response to the law. Few districts reported actually seeking assistance so these beliefs were never substantiated.

Adoption of a focus on procedural requirements of the law as the basis for determining compliance was the result of five major factors. First, since interpretations varied and since there appeared to be no ready source of clarification procedural areas were the safest. Second, compliance evaluations performed by the state or federal agents were expected to center on procedural requirements. Third, additional funds to expand the scope and content of educational programs were not expected to be available in the immediate future, thus a reluctance to begin with those aspects of the law. Fourth, little reliable data on existing programs, other than general descriptions of service and children enrolled, was available. Fifth, projections of demands for services and associated resource requirements were unreliable or uncertain.

The emphasis on procedural requirements led districts to examine existing due process procedures, assessment practices, alternative service settings (homebound, special class, resource room, etc.), and placement procedures. IEP procedures were new to all districts (except for some limited experience with IEPs for TMR children) so this area received considerable attention. Although each of these procedural areas has considerable program content districts tended to concentrate almost exclusively on determining whether or not an essential element existed rather than on the content of an element and its relationship to others. For instance, assessment practices were examined to determine if non-biased instruments were being used, but the relationship of assessment practices to preparation of the IEP received scant attention or was totally ignored.

Invariably, districts suggested that their attempts to determine their status in relation to compliance with the law could have been more effectively performed had certain conditions existed. The most helpful of these would have been the availability of experts in P.L. 94-142 to assist districts analyze their existing programs for compliance or individuals who possessed sufficient knowledge to identify areas that needed modification and sufficient authority to establish parameters for compliance in those areas. It was noted that the lack of such assistance may have resulted in districts consuming resources to develop programs that may later be found in non-compliance or, worse, in modifying procedures that in fact were in compliance.

C. Generating Alternatives

As districts completed determination of program modifications necessary to achieve compliance with the law they began to develop and examine alternative models. The first step of this process involved identification and evaluation of best practices and exemplary programs. Districts employing committees generally split this task among members of the group, allowing the analysis of a

number of models within a short time period. Districts without committees had to rely on the efforts of one or only a few staff.

All districts experienced similar difficulties with the search phase. Locating well-documented models and practices was a major problem. Districts sought information from other districts within and outside the state, from research organizations with which various staff were familiar, and from ESDs. Although similar types of sources were used by all of the districts, little consistency in specific sources was found. A majority explained this as due to a lack of awareness of sources of best practices information; hence, a reliance on the contacts of which individual staff were already aware. This resulted in some districts acquiring a large number of model programs and others obtaining very few.

A second common difficulty of the search process was the long response time between identification of a model and receipt of documentation and descriptions. This effectively reduced the number of models available for analysis and the time in which to perform the analysis.

A third problem was that once models were obtained districts discovered that little proof of validity was available. Most of the models were theoretically sound but had not been adequately tested or documented. In addition, none of the models came with a guarantee of compliance with the law. Thus districts were placed in the position of analyzing a limited number of unproven models for possible adoption in correcting program deficiencies which themselves were surrounded by considerable uncertainty—uncertainty regarding service demands, resources required, and compliance. As a result, most districts restricted their analysis of models to formal or procedural requirements of the law. For example, a model IEP program would primarily be examined to determine whether it contained all of the items listed in the regulations rather than to determine its impact on teachers or children.

As districts developed program revisions based on their analysis, most resorted to cannibalizing the models, selecting components of each which appeared to best fit with the district's needs and existing programs. While most districts found this process unsatisfactory they noted that no other viable option existed. In order to comply within a reasonable time frame program modifications had to be developed and implemented immediately. The choice was between piecemeal selection of components with the consonant risks of violating the integrity of the models and wholesale adoption of unproven programs; most districts opted for the former. Respondents reported that this approach provided the greatest short term results with the least amount of risk. If a component was later found to be ineffective or not in conformance with the law, it could be replaced much more easily than an entire program discovered to be ineffective. Also, respondents noted that this approach resulted in the least amount of change in existing practices thereby avoiding much of the resistance thought to accompany major change. Finally, districts explained the piecemeal approach as the result of limited flexibility in selecting alternatives. Budget constraints due to school bond failures and inflation forced districts to select the lowest cost rather than the most effective program options.

All districts in the sample found the lack of tested models to

be dysfunctional in their efforts to respond to P.L. 94-142. If models which were known to meet the requirements of the law had been available, district efforts would have been greatly facilitated. They would have been able to more clearly discern specific program deficiencies by comparison with an "ought to be" model rather than with general statements of requirements. Districts would also have had more faith in selected alternatives, thus permitting the development of sound arguments for their adoption. Instead many were forced to rely on administrative fiat to support implementation of modifications.

All districts recommended that reliable sources of information on best practices and models that meet the requirements of P.L. 94-142 would have been helful, and that they be provided with well documented, tested and approved models complete with information on limitations and the costs and skills necessary for implementation.

For a number of reasons mentioned previously, districts are generally more inclined and better prepared to adopt components rather than wholly new programs. Respondents suggested that these efforts could have been facilitated if assistance were available to them in analyzing model procedures in relation to existing programs and practices. This assistance could be in the form of consultants who could guide the district in selection of procedures which retain their validity while creating the least disruption in current operating practices. Such assistance was expected to significantly support implementation efforts because the district could argue the functional utility of modifications rather than procedural requirements and consequently increase staff involvement in and commitment to the changes.

D. Implementation

The results of district efforts to implement the procedures, practices and programs mandated by P.L. 94-142 were extensive. All districts proportionately increased the number of classes serving handicapped children by 30-50 percent within the first months of the school year. All special education teachers were preparing IEPs and conducting conferences with parents of handicapped children. Principals and program specialists were conducting training, obtaining parental consent for assessment and placement of children, and attending IEP meetings. Regular education teachers were serving handicapped students in the regular classroom. When consideration is given to the short time, limited resources and concurrent nature of implementation and operation of special education programs these results are significant. Indeed, when one considers that there is generally substantial resistance to change, the results are impressive. Significantly, most respondents indicated that implementation had gone beyond procedural compliance and was moving toward content compliance, with a focus on improving the quality of the educational environment and services to handicapped children.

Evidence of this phenomenon is readily available, however explanations for it are elusive. Most theories of the change process would suggest that only minimal or token change would occur. All personnel directly involved in special education programs experienced expanded work days and weeks without additional compensation. Their time was consumed with efforts to develop procedures, conduct

meetings, complete paperwork, revise techniques and teaching methods, while at the same time performing the tasks normally required of their position. Hastily developed procedures and models were put into place in weeks rather than the months it should have taken. Inadequate training of staff in program and role modifications was the norm rather than the exception. These factors would generally tend to minimize the impact of innovations; however in the sample districts major changes did occur.

One explanation might be that the threat of sanctions (suits and withholding of funds) was sufficiently motivating to cause the changes. But the changes occurred with substantial uncompensated effort and were much greater than would be expected to result from fear. Threats might induce token implementation of compliance procedures but cannot account for the commitment on improving the content and effectiveness of service to handicapped children.

Time and resource constraints prevented most districts from providing anything beyond general awareness training to teachers and administrators, and the greater part of this was sporadic and focused on individual elements of changes, and not on the whole. The inadequacy of these efforts, though understandable, would generally not be expected to motivate substantial change.

Another explanation emerged from the interviews. Special interviewed almost invariably reported that they had been waiting years for significant changes in educational services to handicapped children. These respondents stated that despite the obvious difficulties involved in major program modification and the uncertainties regarding the effectiveness of new models and procedures, they believed that the philosophy and service model in P.L. 94-142 would substantially benefit children. Consequently, they were engaged in unorganized grass roots efforts to facilitate and insure implementation of P.L. 94-142 procedures. The respondents unanimously expressed frustration with the paperwork, extra hours, and initial problems in dealing with new procedures. However, they also uniformly remarked on the reinforcements they've experienced. Parents are becoming more involved with the planning and provision of education to their children. Regular education teachers who were forced to accept handicapped children into the classroom are becoming less resistant to the concept of mainstreaming as they gain experience in working with the handicapped. Non-handicaped students are becoming more involved socially with their handicaped peers, and some schools have established buddy systems where a student is assigned to assist a handicapped child adapt to the new environment. The IEP concept is gaining more support as teachers become more experienced with it; one district plans to use IEPs with all students--handicapped, gifted and non-handicapped.

The impetus for implementing new services for handicapped children had its major thrust from the external force of P.L. 94-142. The sanctions contained in the law were responsible for the major innovations districts attempted to implement. However, as experience in working with P.L. 94-142's procedures increases the force for continued change, the greatest facilitator of implementation can be found within the schools. Special and regular educators are beginning to realize that "it's not just the law, it's a darn good idea".

IV. SURVEY RESULTS

Once the information was obtained from district interviews, analyses were made in accordance with the revised study design. Presentation of the results was determined to be most useful in outline format, which simultaneously isolates specific components and demonstrates their interdependence in comprising the total process.

A reference guide, SEA and LEA Responsibilities for the Delivery of a Free and Appropriate Public Education (Coordinating Office for Regional Resource Centers, 1977) includes a planning matrix (PM) displaying suggested program operations for local education agencies (LEAs). The components of the IEP process in P.L. 94-142 are divided into six child-centered processes (initial child identification, MDA, IEP development, placement, IEP implementation, and IEP review); program support operations have been separated into six functions (planning and policy development, procedural safeguards, services coordination, related access systems, personnel training and development, and management and evaluation). The cells of the matrix include suggested approaches for both state and local agency provision of free appropriate public education and identify the specific references in P.L. 94-142 and P.L. 93-112, Section 504 which require agency implementation.

For this study, the four child-centered processes and four program support functions selected reflect the most critical areas of LEA response to the federal requirements. The program support functions form the major headings, subdivided by the child-centered processes. Following each program support heading are the program operations as suggested in the PM, and the specific section numbers in P.L. 94-142 are provided. The remainder of each primary section is divided into the four child-centered processes. For each category, a brief background precedes the narrative description of changes made and difficulties encountered by surveyed districts in responding to the federal mandate. Recommendations are presented separately in the next section.

I. Planning and Policy Development

The column labeled "Planning and Policy Development" in the Planning Matrix (hereafter PM), identifies steps and activities local education agencies (LEAs) might follow in order to facilitate program operations required for each child centered process (i.e., initial child identification, multidisciplinary appraisal, individualized education program [IEP] development, placement, IEP implementation, IEP review). However, the general organizational function of developing policies and procedures is the same for each child-centered process.

The LEAs in the sample typically viewed the child-centered processes as individual elements of an entire special education service system. Consequently the development of policies and procedures for specific elements was conducted as one event in the generation of policies and procedures for the whole educational process. The requirements for each child-centered process (as found in P.L. 94-142) are presented, followed by a discussion of existing practices focused on variances between requirements and practice. The purpose of this analysis is to provide a basic understanding of the changes LEAs are forced to contend with in affirmatively responding to P.L. 94-142. The presentation of requirements and practice for each child centered process leads into a discussion of strategies employed by the sample districts in carrying out the organization function of Planning and Policy Development, the results of which are then summarized.

A. COMPREHENSIVE MULTIDISCIPLINARY ASSESSMENT

1. Suggested Organizational Activities: The Planning Matrix suggests that LEAs (1) develop procedures for matching referrals to appropriate appraisal services and (2) develop policies in accordance with the requirements of P.L. 94-142 (Protection in Evaluation Procedures, Sec. 121a530).

2. Requirements [Sec. 121.a 530-532]:

a.) Non-discriminatory assessment: tests and other evaluation materials are not to discriminate by race, cultural background or sensory impairment of the child.

b.) Qualified examiners: tests are to be administered by trained personnel.

c.) Natural language: tests are to be administered in the child's native language or dominant mode of communication.

d.) No single procedure: no single procedure or test can be relied upon, and specific academic assessment is required in addition to general intelligence tests.

e.) Multidisciplinary team: evaluations are to be conducted by a multidisciplinary team including someone with knowledge in child's disability area.

f.) Assessment in all areas: child is to be assessed in all non-academic areas related to the suspected disability.

3. Background/Impact:

For purposes of this study comprehensive multidisciplinary assessment includes all steps in the process from referral/screening through academic and psychological assessment and the preparation of a report of final test results.

Referrals may originate with physicians, with teachers, with parents or with concerned others. Referrals are usually received by a school official and transmitted to the appropriate individuals or committees. The most common method of obtaining referrals is through screening. Screening involves district-wide tests of all children to identify academic deficits. In some districts screening consisted of a rather uncomplicated teacher observation instrument; in other districts it involved complex multiphased assessment instruments requiring both observational and performance tests. Children who were identified from the screening process as being a focus of concern were referred to the next point in the assessment chain. In one district a teacher would receive the screening results and then meet with the resource room teacher to determine what other testing might be appropriate. In other districts focus of concern children were referred to a building level screening committee. The role of this committee is to identify services within the building that might address the child's skill deficits. If more involved testing was needed the child was usually referred to the district for testing, or permission was obtained by the building committee for further academic testing of the child.

In still other districts children were referred for assessment directly from the school to a case manager in the district office, to a central assessment center, or to the special education director. In some schools all children referred received complete testing services which included both academic and psychological examinations. In other districts only children who were identified as needing particularly extensive testing were referred beyond the building level; at the building simple academic testing was provided.

When the screening process results in a child being referred for additional testing the evaluation requirements of P.L. 94-142 become effective. For each requirement governing assessment, a summary of the current status of the sampled districts follows:

a.) Non-discriminatory assessment:

Requirements under this heading demand that the administration of assessment tests and procedures be free from cultural and racial bias, and be validated for the purpose for which they are used. All of the districts in the sample had a policy of non-biased assessment dating back three or more years. The greatest difficulty experienced in effecting the non-biased assessment policy has been a lack of appropriate assessment models and instruments. Available instruments which are free of bias are frequently inadequate for use in developing IEPs either because they do not measure academic difficulties, or because they require such a high degree of interpretive skills that they become costly to use.

Respondents consistently expressed a need for better instruments and assessment procedures. When districts did experience problems due to a lack of satisfactory instruments and models, the primary areas were the severely handicapped and the sensory

handicapped child. Assessment models for use with these children were generally insufficient in both the amount and type of data produced, as related to developing an educational program.

b.) Qualified examiners:
The purpose of this requirement is to ensure that assessments are administered by personnel trained to conduct and interpret the tests and procedures used. Historically, in the majority of the districts all individual testing (beyond screening) was conducted by specialists--school psychologists, certified educational diagnosticians, speech specialists, etc., each of whom was responsible for assessing a child within his area of specialization. School psychologists administered intelligence tests, hearing specialists performed audiological assessments, speech pathologists conducted articulation examinations. The role of the specialized tests in the educational process generally was to determine eligibility for special education services. The test results were of great value for this purpose and for developing therapeutic intervention programs, but were of little utility in developing educational programs.

The effect of the P.L. 94-142 requirement that individual program plans be developed from test results has had two major impacts on assessment. First, tests must be selected and interpreted to yield information that can be used in planning educational programs in addition to determining eligibility for special education. Second, the scope of educational assessment practices expanded to accommodate a greater variety of disabilities. (In the past, assessment was usually restricted to children with mental retardation, sensory impairments and physical handicaps. Currently children with emotional problems, learning disabilities and multiple handicaps are being assessed as well.)

As a result of these requirements, specialists are forced to modify the methods used in assessment as well as to modify the interpretation of test results for use in developing IEPs. In addition, personnel who previously had little or no role in performing educational assessments (regular class teachers, special education teachers, aides) are becoming increasingly involved in both the administration and interpretation of tests designed to measure academic difficulties a child might be experiencing.

As a consequence, although assessment personnel are competent to administer traditional assessment tests, they frequently lack the skills and experience necessary to interpret the results in ways useful for educational program planning. The lack of appropriate instruments makes the testers' task even more difficult.

c.) Native language:
P.L. 94-142 requires that children be assessed in their native language, if other than English, or in their dominant mode of communication. This provision has had little impact on most of the sample districts because there are few non-English speaking people in the state. Indeed, even the Native American children speak English in the home. However, some districts do have populations of White Russians, Vietnamese and others who do not speak English. In most cases assessment of these children has been accomplished with interpreters, though at additional expense to the schools. In all

districts some capability was available for testing children without oral language.
Districts in the sample had little difficulty with this requirement.

d.) No single procedure:
The purpose of this requirement is to ensure that a child's assessment is comprehensive and not based solely on one test or procedure. Further, the law dictates academic testing in addition to general intelligence testing. All districts were relying on a number of instruments and procedures in conducting evaluations, making the general impact of this requirement slight, with the exception of the lack of instruments and change in use of test results mentioned in (a) and (b) above.

e.) Multidisciplinary team:
The requirement that the evaluation be made by a multidisciplinary team has had a significant impact on most of the sample districts. Assessments are conducted at four levels of the educational system--classroom, building, district, and regional. In the classroom, regular education teachers conduct initial screening and some academic assessment. The special class teacher usually conducts a variety of academic assessments. Children who need further testing, which may include additional academic and some psychological assessment, may be examined by a counselor or psychologist assigned to the building. In some districts, assessments at the building level are conducted by a team composed of a regular teacher, special education teacher and counselor/psychologist and others. When more testing is warranted, or when no psychologist is assigned to the building, children are referred to the school district offices. Here specialized assessments are conducted; sensory, intelligence and behavioral examinations are typical. If more complex assessment is necessary, or if no specialized capability exists in the district office, children are referred to regional education agencies (generally Education Service Districts). At this level intelligence testing, behavioral observation, physical and occupational therapeutic exams, language and other intensive, sophisticated assessments may be involved.

Children were receiving a multidisciplinary assessment prior to P.L. 94-142 in the sample districs; that is, a number of different disciplines were involved in the various sequences of the process. These assessments were not performed (typically) by a team, composed of a core group of examiners supplemented by other specialists as necessary. The mandate of P.L. 94-142 that all children have an IEP developed from the results of comprehensive assessments has caused modifications in the sequential assessment process. Where previously several independent evaluations might have been conducted on a child to be compiled into an assessment report, the emphasis has shifted to facilitate integration of test results into a comprehensive statement of a child's need by establishing multidisciplinary teams. This is achieved through centralized evaluation clinics/diagnostic centers, building evaluation committees composed of teachers, psychologists and specialists, itinerant specialists who provide consultation and assistance to teachers in the assessment process, and through supplemental assessment services via regional/state special service

programs.

The effect of these shifts in assessment procedures has led to role changes on the part of the examiners--from conducting independent evaluations to conducting evaluations as a member of a group--and the concommitant difficulties associated with learning to function as part of a team. Test results must now be more educationally relevant and also targeted for communication to parents as well as other professionals.

f.) Assessment in all areas:
This requirement is to ensure that all children receive an assessment which considers factors beyond academic difficulties to include all areas related to the child's suspected handicap--health, vision, social development, emotional status, etc. Prior to P.L. 94-142 most school districts in the sample provided assessments in the areas of intelligence, sensory capacities, and academic proficiency. Health, motor development and emotional/behavioral examinations as part of the assessment process are relatively new in the majority of the districts. Aside from health, most districts attempted and were able to provide some assessments in these related areas despite the resulting delays and reliance on other agencies to conduct the assessments. This was particularly true for small rural districts. Few provided health assessments other than the general physical examinations offered through school nurse programs.

The significant change districts must contend with regarding related assessments is in developing mechanisms to ensure that such evaluations are available when necessary, a difficult task in resource-poor regions of the state.

B. IEP DEVELOPMENT

1. Suggested Organizational Activities: The PM suggests that LEAs establish procedures for writing, developing, and documenting IEPs, ensuring utilization of related services in IEP development, and reviewing IEPs for children referred to other agencies for services.

2. Requirements [Sec. 121a.340-349]:

a.) Individualized Education Plan(IEP): an IEP be developed for each handipped child to include (1) a statement of present educational performance, (2) statement of long and short-term objectives, (3) statement of special educational and related services that the child needs, (4) projected dates for initiation and completion of services and (5) objective criteria and plans for evaluating achievement of short term objectives.

b.) IEP documentation: IEPs must be documented and accountability mechanisms established to ensure provision of services specified in the IEP.

c.) IEP information: information on IEPs must be made available to the SEA for inclusion in annual program plans.

d.) Related Services: results of related services and other evaluations are to be used

in developing IEPs.

e.) Other agency providers: IEPs are to be developed for children to be served by other private or public agencies.

3. Background/Impact: Development of an IEP for each handicapped child is to be accomplished at a meeting of parents and school district personnel. Specific consideration is given to the IEP meeting in Section IIB, "Procedural Safeguards". The focus of this part is the content of the IEP.

a.) Individualized Education Program plan:
The IEP is required to contain statements of the child's present level of performance, services to be provided and objective criteria.

None of the sample districts had required IEPs or any similar educational plan for children in special education prior to P.L. 94-142. Daily lesson plans were the closest in program planning practice to the IEPs, and even those were not universally required. However, approximately half the sample districts began experimenting with a prototype IEP one or two years ago. This pilot was generally limited to use in TMR and EMR self-contained programs and patterned the state's "Student Progress Record" (for TMR) and "Towards Competency" (for EMR) programs. Essentially, most districts were beginning with little experience with IEPs because those piloted with TMRs were used in programs operated by regional education agencies rather than the school districts.

(1) Statement of child's present level of educational performance: A very small number of the districts had comprehensive statements of a child's level of performance prior to the law. In most instances deficits in a specific academic area might have been noted in student records, but a comprehensive statement was lacking for all but children with involved handicaps; even then the performance statement was in the form of raw diagnostic reports not translated into educational performance criteria.

The information needed to develop comprehensive statements of performance results from the diagnostic/assessment process discussed in (a) above. As previously noted, assessment results expressed in educational terms were frequently lacking primarily due to the lack of instruments and the current unfamiliarity of some personnel with skills necessary for translating diagnostic test results into educational performance indicators.

(2) Statement of annual goals and short term instructional objectives: None of the districts expressed comfort with this component of the IEP. Considerable variation in both understanding and definition of long and short term objectives was found. Some viewed long term goals as equivalent to promotional statements, i.e., "Johnny will advance to grade 3". Others believed that long term goals should be more discrete, "Johnny will master grade 2 reading skills". Still others contended that long term goals should be six month performance criteria, while others looked to one, two and even three year statements. Similar variation in understanding of short term objectives was found. What some teachers conceived as short term objectives, others saw as tasks or subtasks, etc.

In addition to structural differences in the long and short term objective, considerable variation on objectives content existed.

Some felt that only objectives for areas of academic deficiency were required; others believed that all academic areas should have objectives and criteria even if the child had difficulty in only one or two. Some were adamant that non-educational objectives had no place in the IEP; others were proponents of a more inclusive view—both areas should be included. Defining the content of an IEP for children with different handicaps illustrated divergent opinions. While most teachers suggested that IEPs for learning disabled and other mildly handicapped children somehow should be less complex than for TMR and other severely handicapped, few agreed on what the limits of each should be. When children needed only therapeutic intervention (i.e., speech), most teachers expressed the view that only therapy need be included in the IEP.

(3) Statement of specific special education and related services to be provided to the child: The descriptions of services to be provided a child also varied among the respondents. The most common view identified the placement recommended for the child, self-contained EMR class, resource room, etc. A view subscribed to less frequently called for identifying specific intervention strategies that were to be used, behavior modification or learning stations, or specific instructional programs such as Distar reading. Also, the form and content of statements regarding services differed according to the child's handicap. For instance, services to TMR children were generally strategies described in the Student Progress Record(state-wide criteria based standard curriculum guide), while for LD children services might be described in terms of time spent with the child.

(4) Projected dates for initiation and duration of services: This requirement seems to have created few difficultes. Most often initiation dates are easily identified as on or near the beginning of school or placement in a special education program. Duration of services is generally treated as a date for termination: most often the end of the school year. Basically the services are expected to begin upon placement and be provided until the child leaves the program.

(5) Objective criteria and evaluation procedures and schedules: Annual review of the IEP is required by P.L. 94-142, and that is how often most teachers and administrators believed intervention would be conducted. Criteria specifications for short term instruction were frequently viewed as unnecessary. The argument advanced by many was if the objectives are well formulated the criteria is inherent in them; if not, the objectives would not be measurable anyway. Similarly, if the objectives are well written the teacher "knows" whether or not they have been accomplished; if not measurement against a vague criteria is fruitless.

b.) IEP documentation and accountability:
The format and forms employed for documenting IEPs differed considerably among districts. Some used sophisticated packages of forms with date cells for each essential item of information. At the other end of the spectrum were forms containing headings as provided in the P.L. 94-142 regulations. Some IEP forms were one to two pages long while others extended up to 15 pages. Generally, the forms appeared designed to comply with vague documentation standards in the

law, resulting in IEP forms that might meet every conceivable documentation requirement, but which had little utility in planning or implementing an educational program. In those cases where considerable effort was expended in development, forms had less redundancy, more clarity and greater utility in IEP development and implementation. (This, however, was an expensive process requiring administrator, teacher and specialist input.) Many of the teachers expressed concern that IEPs would be used to assess their effectiveness. Although most were supportive of teacher evaluations, very few were comfortable with the IEP entering that process. Reasons were given that they could not guarantee that the IEP would be accomplished and that IEPs were often designed by others and given to the teacher (who had had no input) to implement. (Section 121a.349 comments recognize this difficulty and have responded affirmatively; however most teachers did not seem to be aware of this.)

c.) IEP information:
Summarized information from individual IEPs is to be made available to the SEA for reporting to BEH. Administrators generally expressed little difficulty with this requirement, except for dissatisfaction in preparing such summaries. The main concern expressed had to do with the confidentiality of the data. For example, one administrator related a case where a family's auto insurance premiums increased drastically shortly after one of their children was identified by the school as handicapped and that information had been transmitted to the SEA.

d.) Related services:
The requirement that related services needs be included in the IEP has resulted in some problems for the districts. First, evaluation (assessment) data is often difficult to translate effectively to educational programs (e.g., from medical to educational terminology). (See B above.) Second, when evaluation data is available it is often difficult to identify an intervention strategy to complement the educational program. Or, if the intervention is identified, the source of such services might be unknown. There appears to be a reluctance to enter "related services" in the IEP when the specific nature and source were unknown or unavailable in the school system (see III-B).

e.) Other agency providers:
Children who are being served in private or public schools and who are the responsibility of their resident district are required to have an IEP developed by the resident district. Two major barriers to this requirement have emerged. When the resident district develops an IEP for the child, the child's school may have little or no input to the plan and lacks incentive to see it implemented. When the child's school develops the IEP the resident district has little information to review the IEP's appropriateness. These difficulties are exacerbated when, as is often the case, defined communication channels between the district and child's school are lacking.

C. EDUCATIONAL PLACEMENT

1. Suggested Organizational Activities: The PM suggests that districts develop plans and policies to ensure that placements will be a group decision, will include a continuum of alternatives, will be as close to home as possible, and finally that handicapped children participate with non-handicapped where appropriate.

2. Requirements [Sec. 121a 550-553]:

a.) Placement decisions: placement decisions are to be determined annually and are to be based on the child's IEP.

b.) Alternative placements: there is to be a continuum of alternative placements including regular class, special class, special schools, home instruction, instruction in institution and hospitals, and supplementary services provided in connection with regular placement.

c.) Least restrictive environment: handicapped children are to be educated in the least restrictive environment and, to the extent possible, with children who are not handicapped.

3. Background/Impact:

a.) Placement decisions:

Placement decisions are frequently made by a committee or a group of individuals in the building or the district office, which identifies an appropriate setting to meet the child's individual needs. Some districts have adopted procedures (formal or informal) where placement decisions are made prior to development of the IEP. In these districts placement decisions are made on the basis of the child's handicapping condition. In other districts the placement decision is made at the IEP meeting. In these districts the child's individualized plan forms the basis for identifying an appropriate setting for the child. Districts using the latter approach often experience difficulties: after the IEP is developed and a placement decision is made, all available space in a particular setting is already taken up and the child ends up on a waiting list (not in compliance with P.L. 94-142). Many individuals expressed concern that this approach builds expectations in parents who become frustrated when the school is unable to place the child in an appropriate program.

Although the law requires that the placement decision be based on the IEP, most respondents believed that such decisions were best made prior to the IEP meeting. Citing a number of practical considerations, most maintained that since placement alternatives consist of regular class with support or special classes, the placement decision is a foregone conclusion. Services available in each setting are so broad that one need not have a child's specific goals and objectives at hand in order to determine in which of the available settings the child should be placed. The information resulting from assessments is believed to be sufficient to make all but a very few of these decisions without having to reference the IEP.

b.) Alternative placements:

A continuum of alternative placements exists in most school systems. The scope of these alternatives varies considerably within schools and within counties. The following model of a district system, however, generally applies.

Severely handicapped children are served in home bound, hospital or special self-contained programs. These programs generally serve children from a wide geographic area and are operated by the state or cooperative education service agencies(ESDs). Children in this category might be in state schools, state hospitals or institutions, or educational service district programs. Mild and moderately handicapped children generally receive services in programs operated by the school district, consisting of special and regular classes supplemented by related services. Programs operated directly by the districts are generelly limited to special classes or regular classes with support. These are usually categorical programs; if not in name, in practice. However, a trend toward non-categorical programs is emerging in all districts and has been partially implemented in some.

TMR children are generally served in an ESD-operated self-contained programs. Through mutual agreemets (resolutions), the districts and the ESD agree that the ESD will provide personnel, materials, equipment, etc. and a program for the children; in return, the local school district provides classroom space and supervision. Seriously emotionally disturbed children may also be served in similar self-contained cooperative programs.

Most districts have had some type of program for EMR children, usually self-contained classes. In rural districts EMR programs may be operated by one of the school systems and the neighbor districts tuition their students to that program. Such program sharing allows one district to offer a pre-school program for handicapped children, another to offer an intermediate program and still another to provide a secondary one.

Many districts have started to implement resource rooms or learning resource centers. Some of these are categorical, such as EMR resource rooms; others are non-categorical, receiving all types of handicapped children within particular age ranges. In the resource room model children receive special assistance in the resource room and are placed in the regular class primarily for education in non-academic areas. Learning disabled children may be receiving services from a resource room, or from a Title 1 reading/language/math program. In some districts such children receive their services in the regular classroom with the regular teacher providing the additional help the child requires. Speech impaired children generally receive services on an itinerant basis. For 15, 20 or 30 minutes once or twice weekly, a specialist comes in and works with the child away from the classroom. The itinerant services might be provided directly by the district or, if the district is small, from a cooperative unit such as an ESD. The itinerant model is commonly employed with deaf, hearing impaired, visually impaired, and blind children. Some schools do offer total communication classes for sensory impaired children.

At the secondary level the continuum of alternatives changes slightly, due to considerably fewer available resource rooms. Primarily self-contained classes for particular categories of

handicaps exist in the secondary programs. Although there is a concerted effort toward more intermediate and secondary level resource rooms, it is taking time to establish these programs.

It was found that the primary additions or changes in the scope of programs within the schools involved expansion of EMR programs or addition of resource programs. In some districts this has been accomplished by making the resource room non-categorical and receiving other children in the school who need assistance, while in other districts the classroom remains EMR but its designation is changed from self-contained to resource room. The addition of resource rooms to serve the in-school mildly handicapped population caused rather drastic changes in some districts and only minor changes in others. For instance, one district three years ago began what was called ELP programs: classes which have certified ELP teachers who work with a variety of children with handicapping conditions. They have functioned as a resource room for the last three years. Although these programs began as "Title 1 reading/math," Title 1 funding was removed and they became "special reading classes," then "ELP classes." One district established nine new resource rooms this year and projects 22 for next year. Another district has two elementary resource rooms and plans to add three in the coming year.

c.) Least restrictive environment:

A modification in the organizational structure and procedures within the school system is also resulting from least restictive environment requirements. This has been most evident in programs for low incidence severely handicapped children. These programs have been operated by the ESDs and although the ESD continues to provide staff, funding, materials, etc. while the home district provides space, supervision, and evaluation, the responsibility for these children is moving from the ESD to the local school. Children in the past who were referred to the ESD program and then essentially "released from care" are now the responsibility of the local school system, which must update IEPs annually and ensure appropriate placement. In addition to the LEA's assumption of responsibility for these children there is also a move toward decentralization of low incidence programs. In two sample areas of the state, the ESD-operated TMR programs were substantially centralized, having one or two programs for all children of a particular disability. Recently programs of this type have become the joint responsibility of the local district and the ESD. This has resulted in an expansion of the number of classes and new classes being distributed more evenly geographically. Responsibility for the low incidence programs is gradually shifting to the local districts, which will assume full operation of the programs over the next two or three years. Initiation of decentralized programs and the consequent shift in responsibility has been from sources within and external to the school.

In one district suit was brought by parents over the restrictive nature of the environment of a particular classroom for TMR children which was operating in a church basement. The parents' objections were finally resolved through a consent agreement whereby the TMR program was decentralized. There is now a TMR class in each of the four major population centers in this county. Children still travel to these programs from considerable distances, but the programs

are now more regionalized. Control of these programs is to revert to the local school system within two years. In another district similar attempts to decentralize the low incidence program resulted in new resolutions, with the ESD giving more control and responsibility to the local school system. The ESD continues to provide personnel and materials, while the district provides supervision, evaluation and space.

The change from EMR self-contained to resource room has resulted in modifications of the historic school programs. Significant among these is that most of the schools with an EMR class had been integrating children for some time. They were using the "good teacher" model where the special teacher would identify a regular teacher who was interested in accepting the handicapped. The special teacher would then work with the regular teacher, develop a particular program, and reach agreement on the materials and extra support that would be provided. The handicapped child remained the responsibility of the special class teacher. Now, however, many of the EMR classes have simply assigned the EMR students to the regular class, to be removed for resource support. This continues to provide the EMR child all academic course work in a self-contained environment. The change has been a procedural change in responsibility.

D. IEP IMPLEMENTATION

1. Suggested Organizational Activities: The PM suggests that districts develop procedures and policies to ensure that the five components of the IEP are considered during implementation (present level of performance, annual goals and short term objectives, specific services, projected dates, and appropriate criteria). Ongoing evaluative consideration should be given to the specific methods, techniques and materials used to determine appropriateness for accomplishing the projected goals.

2. Requirements: [Sec. 121a.346(c)-(e), .349]:

   a.) Contact with non-handicapped: services to be provided according to the IEP shall be delivered through participation in regular education programs as far as possible.

   b.) Related support: ensure delivery of appropriate related services as defined.

3. Background/Impact:

To ensure that the five required IEP components are considered during implementation of the program for each child, it appears that the IEP must be used as an educational tool as well as a procedural document. In several of the sample districts teachers reported that the IEP was merely documentation that certain procedural safeguards had been met. These teachers found the IEP too difficult, cumbersome or inadequate for use in instructional programming on a daily basis. Some commented that a good teacher knows what to do next with a child and doesn't need to check an IEP.

In other districts, however, it was found that teachers do use the IEP as an instructional tool. In one system teachers used it in much the same manner as old hospital bed charts: the IEP was placed on the desk and continually monitored during periods of instruction.

(This raised some concerns about potential confidentiality violations.) In another district the teachers and administrators have been so impressed with the utility that they have implemented IEPs for gifted programs and hope to do so for all children within the next two years. One impetus behind student body-wide use is for correlation with state graduation competency requirements.

In general, the IEP served both as a procedural requirement as well as an information source for teacher use in daily programming. Some teachers felt they were good for very low or very high performers, but not as useful for the "general" handicapped population. An overriding attitude was that "the IEP is as good as the level of commitment on the part of the drafters."

a.) Contact with non-handicapped:

Approaches to include more interaction with non-handicapped children in the handicapped child's educational program are numerous. In some secondary schools, peer/student tutor programs have been established in which non-handicapped work with the handicapped child in a particular problem area. In one rural high school which has no special education program within the building, student tutors are trained by ESD specialists to provide some assistance to the mildly handicapped child in the regular programs. Other schools have established "buddy" systems where a handicapped child who participates part-time in a regular class is assigned to a particular student for support and tutoring. In all schools sponsoring a buddy system, integration appears to have been accomplished fairly well, at least in terms of the social integration of the handicapped child. In one school, teachers attempted to introduce non-handicapped students to the difficulties experienced by the handicapped through role playing (blindfolded, earplugs, wheelchairs, etc.). This approach has seemed to receive fairly good response.

In most school programs the trainable mentally retarded were being integrated in non-academic areas, primarily lunch, recess, physical education, and some shop at the secondary level. In some districts the TMR program was not housed in a public school building (churches, private homes, etc.). EMR classes at the elementary level generally have been emphasizing mainstreaming in non-academic areas. In the case of both the EMR and TMR student, basic academic courses are still provided within a self-contained environment.

Regular teachers experienced considerable difficulty implementing IEPs within their classrooms. They indicated this was due almost entirely to their lack of training, appropriate materials, and/or useful techniques. The increased amount of time spent with the handicapped child is felt by many regular class teachers to be a detriment to the non-handicapped students. One teacher with 30 regular and one visually handicapped student spent a minimum of 50 minutes a day with the handicapped student, feeling that as a result the others were being "short changed" in their educational services.

Another problem with implementing IEPs is the necessity of restructuring the classroom environment or teaching methods to accommodate the handicapped child. If a child has partial regular class placement in the afternoon, for example, all activities in which the handicapped student is to participate must be scheduled during the period after lunch. If the handicapped child has perceptual problems,

teachers may change their instructional techniques to rely more on large print or oral instruction. Most regular teachers in the sampled districts were afraid of having handicapped children in their classes because they felt they had insufficient skills to deal with them. A number of individuals expressed the belief that TMRs did not belong in a regular class at all, and were concerned that even more severely involved children eventually would be placed in regular classrooms.

Many teachers commented on the extra time outside class that the handicapped student required of them. Long hours were not uncommon to develop lesson plans and complete procedural paperwork. Although many teachers recognized the need for this type of additional attention and activity, many times it exceeded contract agreements, was not additionally compensated, and other teachers did not carry a similar burden. High school teachers were particularly distressed by the extra work involved in serving the handicapped child. Due to Title IX and related equal opportunity programs, high school teachers more than others have been required to assume more responsibilities, including supervising women's athletic events, serving on additional committees, etc.

b.) Related support:

Procedures to monitor the flow of appropriate related services specified in the IEP were not evident. It probably is premature in the development of these types of services to have reached a sophisticated level of tracking accomplishment. Several people in the sample indicated that with the IEP they have been able to document and demonstrate the needs and requirements for specific related services, thereby being able to get these services provided. The IEP allows the specialists to work with regular and special education teachers in order to become part of the service delivery process. On the other hand, the special teacher is more able to demand services from the specialist, since the activities are committed in the IEP. Others commented that the IEP encourages parents to seek support and provision of services for their children. One superintendent noted that the IEP is "educational accountability achieved."

II. Procedural Safeguards

A. COMPREHENSIVE MULTIDISCIPLINARY ASSESSMENT

1. Suggested Organizational Activities: The PM stipulates that written procedures in accordance with state and federal regulations should be established for advising parents and other representatives of handicapped children of proposed evaluations to be provided, and for obtaining the necessary approval for such evaluations to be conducted. These procedures should also include provision for independent evaluations, for appointing surrogates in lieu of unknown parents, and for communication(s) to parents in the native language, with evidence of comprehension. Procedures should also exist which ensure the confidentiality of pupil appraisal information.

2. Requirements [Sec. 121a.500-514]:

a.) Informed consent: The parents of a handicapped child must be fully informed of all information related to the purpose for requesting the consent, be provided with lists of records to be released and to whom, must understand the voluntary nature of the consent, and and agree in writing to the proposed activity.

b.) Native language: Such information must be provided in the parents' native language or other mode of communication.

3. Background/Impact:

Parental consent for psychological testing has been operation for quite some time in all of the districts (from three to 10 years). Parental consent for academic testing is new in some of the districts, while it may have been in place for two or three years in other systems. Changes resulting from the new multidisciplinary assessment regulations have more to do with the formalization of procedures or expanding the scope of consent procedures to include permission for testing for all types of individual assessment. The formalizing has been most obvious in the appearance of letters from districts advising parents of problems with the child, the notice of intent to test, request for permission to test, and an explanation of parent rights. In smaller districts, permission for testing is often obtained by telephone, with at least some phone contact between the parent and teacher regarding the testing to be done. Some districts hold a meeting with the parents to discuss the reasons that they want to test, attempting to obtain permission to do so at that time. Other districts merely wait for responses to the letters.

Several people expressed opinions that permission for academic testing was not necessary, since such testing did not violate any of the child's rights, was non-threatening, and did not result in labeling. Some districts found that parents were annoyed with having to give permission for testing. These parents felt that it was the school's responsibility; in other districts, parents were quite responsive to the consent requirements.

The notice letters for testing seemed to be fairly complex, viewed by some as threatening to the parents. The letters typically

were drafted to ensure compliance with the P.L. 94-142 regulations, but inclusion of a statement of rights, the district's proposed action, parent opportunity to request a hearing and an independent evaluation, etc., is rather confusing for parents to deal with. Apparently in schools where the opportunity or inclination to phone the parents exists, concern about the letters was less evident.

a.) Informed consent:
Notice and consent has created some delays in several schools. This causes problems when parent permission is not available, thereby preventing a referred child from having an IEP developed and services from being delivered. An example was given of a child referred for suspected visual impairment: consent notice was sent to the parents, but a considerable amount of time lapsed before a response was obtained, at which time it was indicated that the child's doctor possessed particular records which needed to be reviewed. The school requested that the parents have the doctor submit these records, but they were not forthcoming for more than a month. The school was unable to test the child without this information, since many of the testing instruments require visual discrimination. When letters and final permissions were obtained, four months had elapsed from initial referral to actual testing.

b.) Native language:
Languages of test instruments in the population of children have not caused difficulty in the schools. A few concentrations of White Russians, Vietnamese, etc., with complex native languages, and other small low incidence populations exist, but they have been accommodated. Native American parents almost all use English as the dominant language; little problem exists with this population. In larger urban areas, there is concern for culturally appropriate instruments. The definitions of EMR, TMR and LD categories noted earlier are less stringent, causing difficulties in developing criteria for firm decisions.

B. IEP DEVELOPMENT

1. Suggested Organizational Activities: For local districts, the PM suggests conducting meetings for the purpose of developing and writing the IEP, assuring notification and participation of parents, and appropriate district and related services personnel.

2. Requirements:[Sec. 121a.343-349 .504-505]:

a.) IEP meeting: the IEP is to be developed at a meeting which includes the parents, teacher, and a representative of the public agency; the child if appropriate, and other individuals at the discretion of the parent or agency.

b.) Parent notice and participation: parents and the participants are to be notified of the purpose, time and location of the meeting, and are to be accommodated as far as possible to ensure their attendance.

3. Background/Impact:

Although many districts had annual parent-teacher conferences, none provided as formal a meeting as required by P.L. 94-142 prior to the implementation of the regulations.

a.) IEP meeting:

The purpose of the IEP meeting is to "...develop...a handicapped child's individualized education program". In approximately half the districts the IEP was developed and written at the meeting; in the other half the IEP had been written prior to it. IEP meetings ranged in time from 40 minutes to 2 and 1/2 hours. The average length was one to one and a half hours. Numbers of participants at the meetings ranged from two to 15, with four to eight being the most common size. Participants in the meeting usually included a core of the parent, child's teacher, specialist and administrator. Others included ESD and district specialist, testers and regular teachers.

Identification of individuals necessary and appropriate to be involved in IEP development also varied in districts' procedures. Some required that the parent, regular teacher, special teacher, principal and assessment person be involved in developing the IEP. Others required that the parent, regular teacher and special teacher be involved, but only suggested that others be involved when "appropriate". However, generally districts required the parents, teacher, and an administrator to be involved. The nature of involvement varied among the districts. In many cases the involvement consisted solely of attendance at the IEP meeting by the parents and all parties. In some districts, although the parents, teacher and administrator were required to attend the IEP meeting, the involvement of other persons was obtained through less formal means where the person with primary responsibility for developing the IEP would interact with related individuals and convey his concerns to others at the IEP meeting.

Notifying and ensuring the participation of appropriate and/or required individuals invariably created problems. Scheduling a meeting time convenient to all parties was usually very difficult, sometimes impossible, to achieve. Teachers are generally available for meetings before or after school; parents may be available during the day or only in the evenings; district specialists are available during the day. Other scheduling problems concerned distance. In most rural school systems some handicapped children receive services in another town or community. Parents must travel to the IEP meeting, which is therefore usually held in the evenings.

When asked who should hold the IEP meeting, most replied that the child's teacher, special education person and the parents were sufficient, except in unusual cases where a diagnostician/specialist should be included.

It was frequently stated that meetings of two or three people were not too difficult to schedule. However, as participants were added, scheduling problems multiplied. Individuals involved with a number of handicapped children (resource room teachers, specialists, testers) frequently had many IEP meetings to attend which tended to increase scheduling problems. The October 1 deadline for completing IEPs on children receiving special education services exacerbated scheduling problems - some people technically had 50-100 meetings to

attend within the first 30 days of school.

b.) Parent notice and participation:
Parent notification of IEP meetings is usually the responsibility of the individuals most involved with the child. This may be the resource room teacher, specialist or special education administrator, rarely the regular teacher. In some districts a case manager is assigned this function. Notification may be in the form of a phone call, letter or, in some cases, a home visit. The content of the meeting notice usually includes the purpose, time, place and identification of other participants.

The IEP meeting, although formal, can at times be very emotional. Some parents' first recognition that their child is handicapped is at the meeting. Being advised of this in a group of strangers is often a traumatic experience for parents: a number of meetings have been postponed or recessed to allow parents to regain their composure. This reaction was less likely where the child's handicap was obvious.

Although most individuals interviewed in the study noted that parents made little contribution to the IEP, they also commented that this resulted from parents not knowing how to contribute rather than being apathetic. The structure of the IEP meeting was also thought to inhibit parent involvement. Meetings are usually formal, with parents confronting a group of specialists who communicate in educational jargon. Parents viewed the school personnel as experts, being generally content to abide by the group's decisions and recommendations. Level of parent contribution and involvement in the IEP development was estimated at 75 percent who simply signed, 20 percent who read and signed the completed program, and only 5 percent who became actively involved. Other estimates designated 65 percent simple signers, 34 percent read and signed, 1 percent active. Estimates of non-responsive (non-attending) parents ranged from 2 to 5 percent.

Respondents commented that parents seem to appreciate the IEP meeting, pleased that the school is demonstrating an interest in their child. Parents are provided an opportunity to identify and learn things they can do to assist their child.

C. EDUCATIONAL PLACEMENT

1. Suggested Organizational Activities: The PM recommends LEAs establish written procedures to insure parent participation and approval for the placement of a handicapped child in a special education program. Such procedures should include parent right to appeal a placement decision, and assurances that the child must either remain in the present placement or be admitted to school pending the outcome of such appeal. The local agency also retains the responsibility for ensuring rights for children placed in private schools or other programs.

2. Requirements [Sec. 121a.502, .504-514, .531, .561, .563]:

Parents of handicapped child must be afforded the opportunity to inspect and review all educational records related to placement, be

given notice and provide consent for such placement, and be notified of their right to appeal such a decision.

3. Background/Impact:

P.L. 94-142 requires parent permission for placement in or removal from a special education program. Policies and procedures governing placement usually include a form letter which advises the parents of their rights to appeal a placement decision, etc., and request their consent for a particular placement, indicating the type of program, expected benefits, and duration. Parent consent for placement was not new in any of the districts; however, these consent procedures have become more formalized. Whereas in the past a phone call may have been sufficient to obtain permission, written documentation now is required.

In most districts placement permission is obtained at the IEP meeting: when the parents sign the IEP, they are also giving permission for a particular placement. However, in some districts placement decisions were made and placement permission obtained before the IEP was developed. Until recently there was a provisional placement in some districts where a child would be put in a particular setting for a period from two up to a maximum of 12 weeks, during which time the IEP would be developed and written. It was felt that in this way a child could experience the environment, and the professional could determine whether or not that was an appropriate setting for the child. In one county where such a program was operated they were advised it was illegal to continue the practice.

Obtaining parent consent for placement is most difficult in cases of children in institutional or residential programs. The problem was due primarily to the fact that the parents were not available or did not express any interest. Previously the residential facility would act as the parent in matters dealing with the child. They no longer have that authority or responsibility, requiring appointment of a surrogate if the parents cannot be found or are not available. The state rules on surrogates were not out until the winter of 1978, resulting in some unsigned IEPs. In practical terms the IEP could not be implemented: although the child was already in a residential facility and the setting was not in question, no consent to special education existed.

D. IEP IMPLEMENTATION

1. Suggested Organizational Activities: The PM suggests that local agencies provide written procedures which ensure the confidentiality of records, protect parent access to records, and ensure continued parent involvement in the child's program.

2. Requirements: [Sec. 121a.560, .562-565, .575]:

Parents should be given access to the child's records, opportunity for copies, review and explanation, and encouraged to participate in the implementation of the child's educational program.

3. Background/Impact:

Confidentiality of student records and parent access to records have been implemented in all districts at least since the

Buckley Amendment; in some earlier than that.

a.) Confidentiality:
Most districts appear to have experienced little difficulty associated with parent access to the IEP and other school related documents. Many parents are automatically provided a copy of the IEP following the meeting; others are given a copy only if it is requested.

b.) Continued involvement:
To ensure continued parent involvement in the child's program, some teachers have implemented an ongoing awareness system. In this approach, teachers send home information to parents about the child's activities, types of performance, and various accomplishments to date. These same teachers provide frequent updates on the status of the IEP and the child's progress toward achieving the objectives. One resource room teacher also prepares reports of progress for the children in her class regarding the individual IEPs to submit to the principal and the district special education director, even though such reports are not required.

c.) Parent training:
In some districts parent training is being established to assist parents in working with their handicapped child. This is intended to allow parents to become more knowledgeable and active in their participation in implementing the IEP.

III. Services Coordination

Each child-centered process requires the involvement of an assortment of individual service providers who represent a variety of service agencies with varying responsibilities from the local to the state level. The PM suggests a number of strategies and procedures to facilitate a coordinated effort in providing appropriate services to each handicapped child. The historic method for effecting coordination is through the organizational mechanism of standard operating procedures. Effective coordination involves identification of the relationship between the elements of each child-centered process (assessment, IEP development, etc.), as well as between the processes. Once the responsibilities for each of these activities within a child-centered process have been determined, procedures need to be established for successful accomplishment. Since successful coordination requires careful planning and development, and many districts, attempting to achieve compliance as soon as possible, simply adapted and formalized procedures from the federal regulations, purposeful coordinative efforts were not expected to be in operation.

A. COMPREHENSIVE MULTIDISCIPLINARY ASSESSMENT

1. Suggested Organizational Activities: The PM recommends local districts develop procedures for the involvement of related services personnel in assessment activities.

2. Requirements [Sec. 121a.532(e), (f)]:

a.) Multidisciplinary: the evaluation of a suspected or identified handicap must be multidisciplinary.

b.) Related: such children are to be evaluated in all areas related to that disability.

3. Background/Impact:

Traditional assessment of children has involved a hierarchy of service levels, within which the necessity for additional or more complex evaluation requires services from increasingly higher level (or further removed) agencies or individuals. Following this process, a child whose evaluation needs require capabilities not available within the building may proceed to the district or the ESD (regional) level before it is determined that evaluation is comprehensive and complete. Accompanying this step-wise referral system is the decrease in coordinative efforts, since each evaluation is generally performed independently of earlier or subsequent ones, and reports are simply collated into the child's file, rather than integrated. The referral procedure also creates phasing problems for referred agencies, which may receive sufficient requests for additional testing so as to create an overload, and hence a delay in program development for the referred children. The step-wise system does reflect the interdependence of the referral and testing process, but does not incorporate an interdependence of content for each of the assessments, which is more critical for successful service delivery. For the most part, attempts at coordination are limited to services within the educational community (speech, hearing, P.E., etc.), rather than including agencies providing related services as defined within the P.L. 94-142

regulations. One district, however, established regional multidisciplinary assessment programs and sponsored a hospital evaluation class for students across all disciplines.

a.) Multidisciplinary:
Testing of children handicapped or suspected of being handicapped is conducted at essentially three levels. At the building level it would involve a teacher and/or counselor or other specialist who might be assigned. At the district level a school psychologist and specific handicap specialist (speech, vision, hearing, etc.) may be doing testing. The next level is the ESD or central program where specialists or teams of people (not necessarily psychologists) do testing. Variance among the districts on where and to what extent testing occurs at each of these levels is determined primarily by size and support staff capabilities. Large population areas typically have some type of psychological examiner at the district, and certified HLN/ELP teachers at the building level who are all qualified academic examiners. These districts may rely on the ESD for low incidence testing. In smaller districts the range of assessment capability is from screening in one school system to psychological workups done by ESDs, with academic testing done by the building people in another district.

The number of individuals that might be involved in testing a particular child depends upon the model employed by the school, e.g., refer all children for complete testing, or have some type of hierarchical cutoff for different content/scope tests for different handicaps. As more people are involved, the difficulties with coordinating testing services tend to increase. For example, in some districts a building teacher or counselor may do some academic assessment, refer the child for psychological assessment to the district, and the district may then refer the child to an ESD for vision, hearing, or other complex assessments.

There have been considerable delays in most of the districts with testing which utilized services beyond the building level. These might be medium or large school districts which have rather limited testing capability at the district offices. Of four school systems in the eastern part of the state, only one district had a school psychologist. All other districts had to have their psychological testing done by an ESD. The ESD thus was serving, with a rather small staff, these three school systems in addition to all other schools in the county. A moderately sized district had two psychologists to do intellectual testing for over 2,000 suspected handicapped children. The lack of sufficient staff to do the testing is compounded by the 30-day limit that was established for having children tested and IEPs written. Every testing system that was set up, whether at the building, district or regional level, was overloaded with requests. This resulted in many children not being tested until November, December and, in some districts, not until late May. Since the IEP is to be based on the test results, several IEPs were delayed for quite some time.

b.) Related:
There was some concern and confusion about testing for related needs, i.e., neurological or medical examinations, etc. It was felt by some

that that type of testing was not an appropriate part of the school's responsibility. In other areas it was thought to be an appropriate component of the school's assessment, although there were no services available in rural parts of the state.

Testing usually involved fairly standard nationally-used instruments such as the WISC, Key Math, etc. There is a definite move toward more criterion referenced, task analytic testing in the area of academic assessment. Several people commented that there were insufficient instruments or insufficiently based instruments for low incidence and culturally diverse populations. There did not seem to be any integrated system for identifying tests and other assessment procedures for particular populations.

It also appeared that test results tended not to be related directly to the IEP. In schools where teachers were doing acadmic assessment as well as being involved with the IEP development and serving the children, this problem seemed to be less evident. In other districts concern did arise about the quality of tests in relation to the IEP, in the belief that testing was only for paper compliance since the assessment merely reinforced an assessment and decision already made by the teacher.

Coordination of testing services may occur as individual teachers try scheduling; it may go through the building-level screening committee, to some type of case manager at the district level, and/or directly to an ESD specialist. All districts were somehow involved with an ESD which did testing for at least the TMR populations. In some cases the procedural models developed by the ESDs were different than those employed by the school districts. This created minor confusions at times regarding forms to be used, responsibility for obtaining permission for testing, arranging meetings with parents and receiving consent.

B. IEP DEVELOPMENT

1. Suggested Organizational Activities: The PM suggests that local districts establish policies for specifying district responsibility for services provided by non-district agencies, and assuring that representatives of such agencies participate in the development of the IEP.

2. Requirements [Sec. 121a.452,. 343-349,. 400-403, .454-457, .459-460]:

a.) Services specification: the local district retains the responsibility for delivery of services from non-district agencies as specified in the IEP.

b.) Participation: Assurances must be made that representatives of such agences as are requested to provide services participate in the development of the IEP.

3. Background/Impact:

Although the local district technically is responsible for the delivery of special education and related services to its handicapped population, those children who are placed in other districts on a tuition agreement are generally considered taken care of. Agency autonomy and responsibility have also encouraged the

delegation of such responsibility by the referring agency to the agency which assumes the child's program delivery. If services are provided by an ESD, the regulations regarding development and implementation of the IEP are usually complied with; if the receiving agency is other than an educationally-related one, the possibility exists that such compliance may not occur. Districts have encouraged representatives of agency providers to attend the IEP meetings; for many non-educational agencies, however, fulfilling the service requirements specified in the IEP is considered on an immediate need basis, somewhat like a special consultant for a specified period of time. Continued involvement or consideration of long-range implications for either the child or the agency's participation is unusual.

a.) Service specification:
In all districts, responsibility for the IEP began at the building level and moved on through the district, oftentimes to an ESD. In some cases building personnel would be the only ones involved with a particular child; in others, involvement would include district specialists, while a third case might have involved specialists from the ESD. Many of the respondents indicated confusion about who should be involved in which IEPs and when. Conflict also existed regarding assignment of responsibility: a resource room teacher serving a child with a particular disability, such as speech, generally became responsible for the IEP. However, the ESD speech coordinator was also considered responsible for an IEP, resulting in the possibility of two or more people developing IEPs for one child. In some districts the communication mechanisms were very well established and documented, so there appeared to be little problem; in other districts, communication was lacking and considerable confusion ensued.

Other coordination difficulties had to do with the scheduling of testing and related services. The IEP is to be developed from the results of tests and diagnostic workups on children, identifying areas of need and deficit. The overloaded testing system at the beginning of the year prevented many individuals from writing IEPs because test results were not available. These results may have been from individual assessments requested for a child, or simply from general screening conducted within the school district. There seems to be a definite need to ensure that the testing is coordinated with the development of the IEPs within the required time frame. It was also felt that test results were not particularly useful in developing IEPs, although they were useful for certification purposes. In one district IEPs were required for Title 1 children, but these were somewhat different from those required under the special education regulations. This caused difficulty for teachers in knowing to what extent they should comply with either format or content. Teachers who had both Title 1 and handicapped children were faced with preparing a considerable number of IEPs.

Release time was of concern for teachers in developing IEPs, attending meetings, etc. In some schools it was found that substitutes were hired to sit in for the teacher while he/she took part in IEP meetings. In other schools an aide may have taken over the class. In still others, students were left alone if the teacher had to be involved. It was strongly recommended that teachers be

given release time to develop the IEPs, the majority having been forced to do most of the work in the evenings and on weekends. In districts where release time was provided, teachers seemed better able to handle the work load. Some teachers experimented with group IEP meetings, bringing a number of parents in at the same time and trying to write the individual plans. This was found to be very helpful for parents, allowing them to have a little more support as a group to facilitate sharing of information and discussion of concerns.

b.) Participation:
In some districts IEPs were developed in the spring or during the summer. These IEPs were generally prepared by individuals who were not assigned that child the following fall. Again teachers were forced to implement or re-write IEPs that were written by others without their involvement.

Another aspect of coordination that was addressed by the respondents concerned children being provided services in a location other than the district school. The child's resident school is responsible for developing the IEP; in some cases this was done without the involvement of the receiving school or teacher, forcing teachers to implement IEPs developed by other individuals. In other districts the receiving teacher was always included in the IEP meeting if possible. Frequently a receiving administrator was also involved.

The delay in establishing rules for surrogate parents created a number of difficulties for individuals responsible for developing IEPs for children in institutions or residential programs. In the past, residential programs were assumed to have the authority to sign off as the parent for the child, but with P.L. 94-142, the procedure is not considered to represent the child's interests. Considerable delay in providing services to children in such residences resulted from this lack of surrogate criteria.

C. EDUCATIONAL PLACEMENT

1. Suggested Organizational Activities: The PM recommends establishing arrangements with non-district service providers for children who cannot be served within the district programs, and establishing procedures to ensure that each child's placement is such that appropriate related services are provided.

2. Requirements [Sec. 121a.551, .554]:

a.) Non-district placement: the local district shall ensure that a contimuum of placements are available.

b.) Responsibility: The district retains responsibility for ensuring that such arranged services are provided in accordance with the IEP.

3. Background/Impact:

Districts for some time have placed children in state-sponsored or private programs, so procedures for such placements have existed in some form. The difficulties experienced with out of district placement currently concern the distance from the home, and the lack of a variety of appropriate programs. Generally, related services do not determine placement; the child's primary disability determines the major placement decision, following which consideration

is given to the related services defined in the IEP. Districts are faced with forced choices about the emphasis to be placed on related services: if assurance is made for appropriately fulfilling the related services requirements, the child may not be in the least restrictive educational environment; the best environment, however, may not allow for the quantity or quality of related services specified in the IEP.

a.) Non-district placement:
Restrictiveness along with the continuum of alternative placements is determined largely by the related/support services that are available in those settings. For example, a child with a speech impairment can receive most of the educational services within the regular classroom as long as some type of speech therapy is available. This may be provided by an itinerant specialist or may come from a resource room within the building. Severely handicapped children may be served in homebound, hospital, or self-contained programs. These children usually have low incidence handicaps: there are so few that one central program is required to provide intensive services to a geographically distant and diverse population. In some parts of the state, this may involve a program with students from four or five counties; in others it may be limited to a city-wide program. Programs for low incidence children are generally conducted by a cooperative unit, such as an ESD or central program administration. School districts may tuition their students to these programs through direct payment or through resolution.

Placement difficulties have been further compounded by the fact that most of the individuals providing support services from the district or intermediate level are also involved in testing or developing IEPs. Due to commitments to these processes, such personnel are unable to provide any direct services. As a result, children were placed into a least restrictive environment but were unable to obtain the support services which made that environment less restrictive. (It is felt that next year there will not be as many start-up problems with complying with the 30-day limit for many children, as children will be re-evaluated on anniversary dates, and only new children will be given the entire testing and IEP process; thus specialists may better be able to provide services at the beginning of the year.)

The problem with coordination and related services was felt to be due primarily to the simultaneous development of support services, new programs and new procedures. The coming year is not anticipated to present as many difficulties. In a building with considerable available services, such as a TMR or EMR class, a resource room, or a Title 1 reading class, it was found that coordination of support services was not too difficult. Teachers were able to confer on a regular and spontaneous basis to work out techniques and problems. Major difficulties arose in coordinating services which occurred outside the building or out of district. Rural districts confront different obstacles, one of which is the lack of services available to those systems, which means both reduced program options and increased coordination attempts.

b.) Responsibility:

Coordination of services for children who are not in public schools has created some difficulties as well. Children in parochial schools are required to receive special education services from the public school system if none are available in the private setting. This requires having the child leave the private setting to receive any type of services from the public school, since public schools are prevented from providing such services within the parochial setting. Coordinating and monitoring provision of services to children in private schools is difficult for administrators in the district offices, where mechanisms do not exist for smooth interaction with other agencies. Frequently the private school assumes responsibility for coordinating the services, while the district sporadically monitors to determine whether the IEP is being fully implemented.

As districts have moved to implement least restrictive alternatives, the primary focus has been on changes in the classroom (modifying an EMR room to a resource one, adding resource rooms, etc.). In some areas an expansion of support services also has occurred. For instance, in some rural districts all P.L. 94-142 monies have been turned over to an ESD to purchase physical and occupational therapy services. A plan next year is to contribute more such funds to expand other itinerant services. This will result in full district funding for special education. The greatest growth appears to be in classroom change, or restructuring, rather than in the addition of support services. These services typically existed in the past but are no longer able to meet the increased demand. As children are integrated into the regular classroom environment, related services become even more critical to the child's functioning in the program. As everyone in a small community attempts to integrate the handicapped child, demands placed on support services increase to an unmanageable level. Again, the demand for support services rises drastically as the self-contained class decreases; in one very large district reduction of self-contained classrooms and students is predicted to be from one-third to one-half over the next year.

Interviews with regular education teachers revealed general confusion, concern and insecurity with the effects of implementing the least restrictive environment. Anticipation of being assigned very severely involved children with a commensurate decline in the quality of their educational programs was a general consensus. These teachers were concerned that having handicapped children in the regular class would take too much time away from the non-handicapped, damaging part of the educational system. They are concerned that they do not know how to coordinate and train aides to assist in the classroom. The presence of such aides automatically changes the teacher's role, requiring skills to transfer information and maintain quality programs, to employ best practices for integrating the handicapped student and aide into the regular classroom, and to coordinate related services for their handicapped students. Regular teachers were quite concerned that they had insufficient skills to manage handicapped children and monitor the implementation of IEP and related services, and that the responsibility for such monitoring and achievement of IEP objectives was not clear -- does it fall to the regular teacher or the specialist?

D. IEP Implementation

1. Suggested Organizational Activities: The PM suggests that LEAs ensure continuous communication among parents, LEA personnel, and other agency staff involved in implementing the IEP.

2. Requirements [Sec. 121a.551, .554, .342]:

The district retains responsibility for ensuring that related services are delivered in accordance with the IEP.

3. Background/Impact:

Districts are confronted with a demand for services which far exeeds the available supply in both the development and implementation of IEPs. This imbalance results in a decreased amount of time to provide the services specified in the IEP. Facilities for delivering such services either are not available, or are inadequate, dictating a reduction in the effectiveness stipulated in and implied from the IEP. The physical arrangements of most district buildings provide one of the largest deterrants. Schools were not designed to provide space for related services on a regular basis; historically, most services have been provided on an itinerant schedule during which the child is removed from the classroom to a temporary and hastily arranged room for a short period of time. With need for more regular and continuous related service delivery, the lack of space becomes increasingly critical. Frequently therapy is delivered in closets or temporarily vacated office or classroom space; offices for related services personnel typically are unavailable in any form. Since services are provided outside the classroom, the teacher is involved to the extent of having to accommodate the scheduling of these services, but not in the content of the therapy, reducing the carryover and reinforcement effect such services are intended to provide to the broader educational program.

In most cases, effective communication channels have not been established. Many personnel are involved in providing services to a single child, but the manner of delivery and the shuffling of schedules precludes a consistent and concerted effort to integrate such services.

Implementation of the IEP requires related services. The regular classroom teacher or the special teacher may be serving the child primarily, while the child also receives services from other individuals or agencies. Coordinating these services within the building takes a considerable amount of time, and models to assist in effective achievement of coordinative efforts do not appear to be available. Coordination of services outside the building is even more difficult, involving various levels within organizations, people from a variety of disciplines on an itinerant basis, and transporting a child to a particular location. These problems have created procedural headaches and frustrations for regular and special teachers; however they did not appear to be insurmountable. It was felt that eventually some type of procedures could be developed, at which time efforts would yield better results than is presently the case.

Some children also require special equipment and materials in order to remain in the regular classroom. Sometimes this equipment is available within the buildings; absence of this equipment creates difficulties for integrating the student. In one case a child needed

a typewriter in order to stay in the regular class; the aide had to borrow a typewriter from the school office whenever activities requiring its use were conducted in the classroom. The regular teacher commented that if the aide were not available, she would have to leave the class alone periodically to obtain the equipment. There appear to be some confusions over responsibility for providing such equipment, time requirements for its use, and procurement of funds for this purpose.

Difficulties in coordinating the related and support services ranged from minor to extreme. A general dilution of support services was noted as a result of the implementation of least restrictive alternatives. Since the support services are overburdened by the mandate to serve all children, each child receives fewer services than in the past. Coordination is particularly difficult when multiple handicaps or low incidence handicaps are involved, as such handicaps require a variety of services frequently unavailable within the building. The classroom teacher or special teacher may, in some cases, be the coordinating agent for these services; in other districts that role may fall to a building principal, or to the district specialists themselves.

In all aspects of service coordination it appears that support systems were not generally in place prior to the implementation of P.L. 94-142. Support systems were understaffed, overloaded, and even non-existent in many areas. The interrelationship between the IEP, testing, and the state rules and procedures on surrogates should be readily apparent. Coordination of all these different elements is imperative for successful implementation.

IV. Personnel Training and Development

Congress recognized the need for extensive training of general and special education teachers, related services personnel and support staff in order to meet the requirements of P.L. 94-142. The regulations specify that each state should develop and implement a comprehensive personnel development system. Realization of this goal will, of course, not occur in the immediate future. School systems have been forced to assume the responsibility and burden of personnel training in preparation for the school year, with little outside assistance. The concurrent implementation of new requirements, procedures, models and educational programs without an established training system exacerbates the difficulties teachers, administrators and support personnel encounter in their new roles and responsibilities for educating handicapped children.

1. Suggested Organizational Activities: The PM recommends that LEAs develop and implement a system of personnel development for assessment staff, regular and special education personnel, and related services providers.
2. Requirements [Sec. 121a.380]:

   Inservice of general and special education instructional and related services support personnel will be developed to provide ongoing training and skill development to ensure full staff capability and competence for implementing the entire IEP process.
3. Background/Impact:

A. Comprehensive Multidisciplinary Assessment:

Personnel inservice traditionally has been limited to some sporadic staff sharing within districts. Occasional specialized training was provided depending on district size, policies, and the emphasis of the personnel seeking additional assistance. With the new requirements and implementation procedures, an extensive need for consultation across a variety of assessment issues has been identified, but as yet few resources or providers have been available to fill the need.

In some schools considerable effort was expended in training special teachers in particular academic assessment models. In other districts, little or no training has been available. In some districts, consultation from specialists within that district was available to teachers in the school as testing took place, providing a type of on the job training.

B. IEP Development:

As the 1977-78 school year began, most of the districts in the sample were busy developing procedures for IEP development and implementation, referral, etc. The level of training for teachers in the new procedures, specifically in the development of IEPs, varied greatly from district to district. In some, teacher training was limited to one or two hour inservice at the beginning of the school year as part of the normal back-to-school inservice programs. These

workshops typically addressed major elements of the law, the requirements, and new procedures. In most instances special education personnel received the inservice, although a few districts included some regular education staff. Teachers in one medium-sized district were promised training in IEPs but it did not materialize.

The need for training in IEP development was quite evident. Special educators, regular teachers, program specialists, and administrators remarked that they needed initial or additional training in IEPs. They also indicated that they would prefer to receive training from individuals who actually had been developing IEPs for several types of children, rather than from individuals whose experience was limited to models. It was felt that applied experience was very necessary for people to understand the IEP and that, through trainers with considerable experience in IEP development, trainees would receive more practical application. Suggestions were made that all individuals in the school building be trained in the IEP and related processes.

The training of individuals responsible for IEPs in some districts was accomplished by training administrators, specialists, and others who in turn were responsible for training teachers. In some districts the individuals responsible for the training were not able to carry through because of lack of time and resources, scheduling problems, etc. Some programs using a regional approach found this type of training to be quite effective. One district, in which a task force of special educators, regular teachers, and administrators developed training procedures, vested the responsibility for training in the task force members. This was done within their own building by conducting inservice for all special education personnel, through the use of simulation exercises. It was felt that the simulations greatly facilitated understanding IEP development. In other districts reliance was placed on recent special education graduates to develop IEPs; these people did not require additional training as they had received most of it through university programs. In other districts specialists, counselors, psychological personnel and a resource teacher worked with all other teachers developing IEPs, in another example of on-the-job training. This was found to be effective, but difficult to schedule if very many children were involved.

Regular education teachers generally received little or no training in the development of IEPs. Frequently the training was limited to participation in an actual IEP development session. Many regular teachers commented that it was quite difficult to write IEPs for the regular classroom. This may be due to lack of information on the format or content of an IEP. In one district training of special education teachers was accomplished by holding a large inservice workshop in which all received training in a general model; then each person received individual follow-up assistance as initial IEPs were drafted. This method was regarded as extremely helpful. Some districts trained administrators in the IEP and IEP process, giving them the responsibility for conducting training in their buildings; in some cases the training was available, while in others it was not.

In searching for models to use in developing IEPs, most people obtained examples from their ESD or other local school systems. No single source was identified by more than one district. The state

department of education maintains two model instruction systems: the Student Progress Record for TMR students, and Towards Competency for EMR children. Teachers involved in developing IEPs for children under these two programs had little difficulty preparing IEPs. Each of the curricula contains task analytic tests, objectives and strategies which facilitate IEP development.

For other handicaps uniform models or objectives did not exist. Many teachers noted that although models would be extremely useful, they were not aware of any. IEP examples generally focused on one or two types of children, and were found to be of limited utility. Teachers indicated that sample IEPs for a variety of children's needs would be used if available.

The variety in execution of IEPs reflects the obvious lack of consistent models. Length varied from a couple pages to 15. Formats ranged from long and short term goals displayed in a matrix, for easy visualization of their interrelationship, to short term objectives found in one section, while long term goals would be described in another, with timelines and criteria in still others. Specification of long term goals and short term objectives ranged from discrete criterion referenced objectives to vague and undefined goals. IEP objectives involving therapy were apparently quite difficult to write, and specification of objectives was not forthcoming.

In some districts, regular class placement was simply noted on the IEP; in others, specific objectives were written for accomplishment during the regular class placement. In either instance, objectives for regular class placement appeared difficult to identify specifically for the handicapped child because objectives typically do not exist in regular classrooms. Teachers also noted that IEPs for low density/low incidence students were complicated, resulting from lack of models for these types of handicaps. In one district concern about the quality of IEPs for speech and LD students was expressed, since criteria for judging the quality did not exist.

C. Educational Placement:

Training of teachers, administrators, and other personnel in placement seemed to be limited to building level programs. If a building had a TMR, EMR, or resource room, some type of inservice for all staff would generally be provided within the building on those programs.

Models on alternative placements were not very prevalent within the state. In one IED a model program for resource rooms has been in existence for some time. Most of the districts which were adapting to a resource room model were copying this program. The reasons given for this duplication were that it is a well documented, available, and practical model which could be visited, and that staff from this program were available for district training. It was felt this particular model was not necessarily ideal or superior; it simply was available.

Detailed information on alternative placements and guides to assist in making placement decisions do not generally exist. Broad program outlines and descriptions are available, but do not lend themselves very well to placement except on a categorical basis. Traditional, well-established programs such as those for the deaf have fairly elaborate placement matrices developed. These include one

dimension for the child's skill and handicapping deficits, and the other for the continuum of alternative programs. The cells of the matrix provide attempts to match particular levels of functioning and experiences that seem to facilitate a child's ability to perform within the environment. This placement matrix is used as a guide to help target a particular setting for children but not necessarily for determining program approaches or options.

In some districts it was noted that individuals making placement decisions have only a cursory understanding of the placement settings chosen. This responsibility generally fell to people new to such a role who had not yet investigated or did not understand all the programs. Some administrators indicated that there was simply insufficient information for placement decisions. In most areas these were made by committee, through which input was received on all the appropriate alternatives; however, these were not well documented program descriptions appropriate for general use.

A number of people expressed concern that there were no concrete definitions of what would be least restrictive in a particular setting for a child. For instance, if a child could adapt and learn in the regular classroom with one or two full-time aides, is the child in the least restrictive environment? Other concerns dealt with the question of least restrictive for whom? In one system an attempt was made to integrate TMR students into an EMR class, while those students were being integrated into another setting. It was felt that the EMR children were not able to learn as much as previously demonstrated because TMR classmates were too distracting. The extension of this experience appears to be that it was less restrictive for TMR students, but became more so for the EMR population. (These concerns appear to express a general need for more discrete criteria or limits on the definitions of least restrictive across a variety of handicap populations, and for some exploration into the effect of one population upon another.)

D. IEP Implementation:

Some special education teachers in the districts had received training through inservice or graduate curricula in how to integrate handicapped children. Regular education teachers generally did not have these same skills, requiring additional training. They frequently commented they needed training in integrating a handicapped child, particular teaching strategies that would be effective, and methods for restructuring the classroom environment. They also wanted to know how to do all this and not ignore the non-handicapped children in the class. Four teachers who had 15 to 20 children did not think it was too difficult to accommodate a handicapped child; those teachers with class loads of 28 to 35 children, however, experienced many problems with restructuring in order to have a handicapped child in the classroom. There appeared no objection to the training; it just was not available. Teachers recommended that training be conducted by teachers already experienced in classrooms involving handicapped children. Trainers could be resource room teachers or others who have had considerable experience with a variety of handicapping conditions. Visits to programs already implemented and dealing with similar situations were also recommended as a method of

training. In this way teachers could see how a specialist works with a child in the classroom, allowing regular teachers to observe both special classes and regular programs with handicapped students.

Teacher awareness of special materials, instructional resources, etc. was not very evident. Most were not sure where they could obtain such materials for use in the classroom, although they frequently used their own building library if available. Materials and resource support previously offered by regional programs to increase district capability appear to have diminished.

Regular teachers stated frequently that they lacked adequate materials with which to work with handicapped children in the classrooms. This could include specific curriculum materials, worksheets, large/small print resources, etc. Access to models or consultation on particular models for integrating the handicapped child also was lacking. Regular teachers, due to their time commitments, seemed unable to expend much effort on identifying and evaluating new materials and procedures.

V. RECOMMENDATIONS

Prior to P.L. 94-142 most Oregon school districts, according to the sample, were serving primarily "mildly" handicapped children within the public school system. The procedures and content for these programs had been based on long-established district systems. More severely involved children were frequently served in cooperative programs, with the responsibility for these students variously assigned to regional programs, to out of district placements to which the child was "tuitioned", or to the central administration of a large school district. This allowed a broad range in the specification and provision of and responsibility for the education of Oregon's school age handicapped population. With the implementation of the federal Act, school districts have been required to to make major changes in the traditional content and approach to the provision of educational services. These changes, some of which have been documented, analyzed and presented in this report, have resulted in radical alterations in public school operations in the state. Emerging from these changes as districts attempt to incorporate P.L. 94-142 requirements are recommendations from the interviews as well as implication from the collective information.

Policy and Procedure Development

The major factor in district change throughout the sample was that of timing: between the issue of the regulations in late August, 1977 and the deadline for having procedures in place by October 1, little more than a month was allowed for districts to make massive alterations in their administrative structures and processes. Policy development for P.L. 94-142 compliance was hasty and frequently disconnected, and communication regarding the changes was sporadic and incomplete. The ensuing confusion affected all levels from district administrators to teachers.

Recommendation: Provide inservice training in all components to all district personnel, including regular education staff. This training should offer general awareness on P.L. 94-142 and the integration of each of the components of the IEP process. In addition, in-depth training should be provided appropriate personnel on specific components in which they are involved or for which they are responsible.

Rationale: In districts where sufficient staff and time allowed more than simple reaction, administrators were trained first, in order to establish a uniform approach and understanding. From this informed and influential base, support and resources became available to district teachers. In systems where administrative personnel were trained only in the procedural aspects, support was still available, but the training was minimally helpful to teachers concerned with specific content application. The occasional district which was able to go beyond a simple compliance awareness demonstrated the utility of providing inservice to all personnel across all components of the IEP process, emphasizing the interrelationships of those components and the integration necessary to successfully achieve a comprehensive system. Establishment of a common understanding and awareness of requirements among all personnel would greatly facilitate effective and coherent policy and procedural changes.

A second general concern involved the lack of a feedback system. At the time of the Act, models generally were unavailable by which districts could evaluate and plan strategies for changing policies and procedures for P.L. 94-142 compliance. Guidelines for such alterations were inadequate, emphasizing more the required results than how to achieve them. Again due to the time involved, districts tended to copy others with similar characteristics or those further along in the process, but neither the model nor the imitator had any sound basis on which to determine whether such adjustments were adequate, efficient or appropriate.

Recommendation: Establish general guidelines and criteria for district incorporation of policies and procedures designed to respond to P.L. 94-142 requirements. Samples of such model IEP

standards should be verified for accuracy and compliance, then disseminated throughout the state for district use as general guide and reference. Provision for individual district technical assistance during the developmental phases should also be made.

Rationale: The monitoring component of P.L. 94-142 requires a paper compliance on district policies and procedures. Specific guidelines for arriving at that compliance point were not available. Oregon had developed state IEP standards but they were distributed late in the year, and then only to the administrator in each district, thereby limiting their effectiveness. In addition to establishing a uniform system for change across all districts and providing useable strategies for district implementation, access to and availability of sound guidelines and criteria can provide the public schools with the assurance and reference points they demand. Unique characteristics among districts in the state dictate guidelines be flexible but reliable; the provision of individual technical assistance would allow the tailoring appropriate to specific districts under the general criteria and would provide the necessary feedback and support. Implementation of P.L. 94-142 requires an educational learning approach, rather than establishment of an organizational model; it becomes important to retain the attitude of adapting the model to the various districts, rather than forcing them into a rigid system. Although district compliance will be expressed in terms of forms completion and absolute numbers, development of a monitoring process to include checks, balances and evaluative feedback for administrative use as well as reporting could contribute to a viable district process for introducing, maintaining and revising policy and procedure changes, as well as providing validity as a model or example for other districts to use.

A. Comprehensive Multidisciplinary Assessment

The greatest need in the area of MDA for the sampled districts is appropriate assessment models, particularly for severely handicapped students. In most districts, the responsibility for serving the severely handicapped has shifted only recently to the public schools from regional, cooperative or tuition programs. As a result, districts feel ill-equipped to plan for and provide adequate, appropriate services. General concerns involve effective and useful ways to relate assessment results to the content requirements of the IEP. Currently, the connection between assessment data and educational programs is fairly tenuous.

Recommendation: Appropriate assessment instruments and models should be developed or obtained in an accessible, updated information system, and made generally available with appropriate training to districts and examiners, particularly in the area of the severely handicapped. Training should also be provided to all

personnel on strategies for making assessment results directly relevant development of the IEP content.

Rationale: The recent requirement for school districts to be more directly involved in the programs and services for severely handicapped children has highlighted a general lack of adequate and appropriate assessment models for this population. Schools and teachers feel ill-prepared to provide services without specific examples and guidelines. Not only are models and technical assistance in how to obtain useful data absent, but so is a comprehensive and coherent process for relating the results of multidisciplinary assessments to IEP development for most handicapping conditions. To date, qualified examiners have been test specialists rather than teaching specialists; the means for integrating test results with program development in accordance with recent requirements have not yet been adequately instituted. Districts and their teaching and testing personnel need information and suggested strategies for relating assessment data to program planning. Training and follow-up in this area appears to be critical among the interviewed school systems.

The form and function of the multidisciplinary teams could also be strengthened from such training and establishment of sample procedures. Districts found that the opportunity to view existing, reliable models for integrating individual team data and to see the resulting program developed for each child yielded satisfactory guidance for incorporating effective processes within their own system. In those cases, an available, visible program offered not only the training and feedback on team operation, but also provided districts with well documented examples for implementation options, from which districts could choose and develop procedures specific to the needs of each individual school system.

CAUTION: Traditionally, educators have regarded models and examples of systems as a collection of separable components, rather than as a cohesive unit with interdepedent and related functions. The integrity of each model developed for district change in reaction to P.L. 94-142 depends, as does the entire IEP process defined in the law, upon consistent integration of all components, and an understanding of their relationships.

B. IEP Development

Although the components of the IEP are defined in the law, no criteria are given for interpretation of meaning to the local level. Variances in definition of the intent and extent of the IEP and its contents exist not only among but also within districts.

Recommendation: Provide systematic guidelines within districts and/or throughout the state for the definition, content and form of IEPs. Prototype IEPs for several handicapping conditions with individualized training and follow-up should be made available to both districts and teachers.

Rationale: State interpretation and development of a

standard for the form, content and limits of IEPs could provide a cross- and within-district guidance for consistent performance and compliance on IEP development. Specific information requested by the sampled districts involved the definition and specificity of related services, general placement options versus specific learning strategies, and the degree of discreteness necessary in developing goals in an IEP. "Expert" or state indication of the appropriate direction and extent of requirements would enable districts to establish uniform procedures for developing IEPs and receive consistent feedback on the degree of compliance and appropriateness. Once again the use of models and the opportunity to visit and/or receive technical assistance from an active operation was felt to be most useful for district modeling and development.

C. Educational Placement

Currently, conflicts arise in how to determine placement and simultaneously comply with the intent of P.L. 94-142. In practice, placement frequently is decided prior to the development of specific programs and services for a handicapped child.

Recommendation: Develop standards for determining to what extent placement options may be explored or determined simultaneously with or even prior to IEP development, while conforming to P.L. 94-142 compliance requirements.

Rationale: Despite the intent of the Act to provide maximum opportunities across a continuum of placements and programs for handicapped children, a practical regard of district and state resources suggests that a reasonable and flexible approach to applying the requirements is needed. School administrators need guidelines and sanctions for what is and is not acceptable at either the state or federal level before establishing district procedures on educational placement decisions. Having models available demonstrating the breadth and variety of placement options across a number of handicapping conditions, coupled with a reliable state resource for assisting and verifying compliance, would facilitate effective incorporation of the placement component into each district's comprehensive policy.

D. IEP Implementation

The major problems involved the assignment of responsibilities among district personnel to avoid duplication of effort and services.

Recommendation: A consistent policy stipulating types, levels and integration of responsibilities among district personnel and across districts should be developed. Such policy should include both regular and special education personnel.

Rationale: Districts which instituted a "buddy" system among students, teachers and support services personnel found that such approaches to integrating old and new procedures were fairly successful. Incorporating all personnel in policy development,

explanation and implementation tended to dispel some of the growing animosity between regular and special education teachers. Special educators increasingly are perceived as receiving additional resources and services at the expense of non-handicapped students. Teachers offered the opportunity to view successful programs and model procedures were more receptive to program changes and better equipped to incorporate the new requirements and procedures. Districts in which integration of special and regular education at both the institution and administration levels occurred experienced fewer problems.

Procedural Safeguards

Most people interviewed perceived this component of the law as relating to the rights of parents.

Recommendation: Develop consistent definition and general awareness training for all district personnel (possibly in conjunction with local parent groups) on the stipulations, intent and extent of district exercise of procedural safeguards. Establishment and enforcement of procedural safeguards should be regarded as an ancillary process rather than an isolated goal or outcome.

Rationale: Comprehensive and consistent training in the purpose and results of instituting procedural safeguards would clarify many of the issues raised by district personnel. The purpose of extending rights can become confused in communicating with parents: districts found simple reiteration of the rights defined in P.L. 94-142 created misunderstandings and insufficient explanation as to what the schools were attempting to do for the child.

A. Comprehensive Multidisciplinary Assessment

No major problems or suggested changes were identified.

B. IEP Development

The purpose of the safeguards in relation to the IEP meeting is to protect the child and his/her parents. These rights are to ensure the integrity of the educational programs and assist in the delivery of services. Districts appeared to regard the procedural safeguard requirements for conduct and completion of the IEP meeting as a distinct process, rather than one facilitating the primary purpose of establishing a program.

Recommendation: Provide district personnel and other individuals involved in IEP meetings (including parents) with the meaning and implications of incorporating procedural safeguards into district processes. These should clarify the safeguards as existing for child, parents and schools.

Rationale: Distinguishing between the compliance with procedural safeguard requirements and the educational value of including parents in the development of the IEP may assist districts in providing a comprehensive parent involvement system without necessarily aggravating the relationship between parents and schools. The data available from the sampled districts on the degrees of parent participation (active versus passive) illustrates the variety of role confusion and demonstrates a need for parent training. One question raised in the interviews is whether an IEP may be developed prior to the meeting and still meet compliance requirements. Consideration in addressing this issue should be given to the educational purpose and utility of IEPs and the resulting educational program. Practically,

districts have found meetings dysfunctional in which professionals and parents meet for the first time with raw data and results. Providing districts with a resource base and guidelines from which to decide whether pre-meeting "drafts" meet compliance criteria, as well as associated issues of protecting rights during IEP meetings, could provide uniform and reliable practices across school systems within the state.

C. Placement

No major problems or suggested changes were identified.

D. IEP Implementation

No major problems or suggested changes were identified.

Services Coordination

The intent behind the services coordination component was to provide an integration of resources delivered to handicapped children. In part resulting from the 30-day limit districts had to develop mechanisms for this relatively new, encompassing activity, procedures and implementation were hasty and generally poorly developed. Less definition for this segment was provided from the federal level than for the other components of the IEP process. This component is also more dependent than any other upon the smooth functioning of each of the other parts. The requisite for successful coordination of services is that each of the comonents for developing and delivering the continuum of services be reliable, consistent and in place.

Recommendation: Set guidelines for the content, goals and responsibilities of service coordination. Provide working models for technical assistance which incorporate critical issues and processes. Develop and provide access to a general state-based information resource system on materials, available resources, best practices and suggested strategies for both regular and special education teachers, district coordinators and related services personnel.

Rationale: Successful service coordination is directly linked to the integration of the other components in the IEP process. District implementation of the federally required processes was rushed and in general more directed toward achieving compliance than comprehensive system development. As a result, coordination across districts was generally undeveloped and non-functional. At this point, districts can use the experience from the past year to evaluate and rework the processes developed, identifying those critical areas which require further attention and refinement, while discarding others which may have provided a short-term solution to compliance measures, but do not offer sufficient assistance for developing a long-range comprehensive system.

Personnel Training and Development

The uniform and recurring requests for initial and/or additional training of district personnel across all disciplines and in most content areas of P.L. 94-142 reflects the needs anticipated at the federal level by providing for extensive training under the Act. Throughout the survey, the absence or inadequacy of inservice to both regular and special education personnel, to district administrators and support services staff, and to ancillary personnel and the community was determined a major obstacle to effective implementation. Content training in each of the child-centered processes (MDA, IEP development and implementation, and placement) was equally intermittent, creating wide variances among and within districts in the application and integration of educational and related services to handicapped children.

The scope and specificity of training in the areas of the IEP process (policy and procedure development, procedural safeguards and services coordination) have been addressed above. In each of the areas, training is recommended for broader audiences and in more detail than had been available to most of the sampled districts. Consistency of approach and application appears to provide an effective method for increasing awareness skills and reliability across districts and types of personnel. The state-sponsored workshops on P.L. 94-142 targeted for district administrators achieved some uniformity in information base, but delivery methods and follow-through to school personnel became subject to current district management approaches and limited resources. Efforts to do the best with what was available resulted in a wide range of information and skills, from minimal awareness training for compliance to the occasional indepth assistance in discrete activities.

Summary

Two primary needs articulated by district personnel were identified in conducting the survey. One is the provision of a comprehensive training program which addresses increasingly specific components of P.L. 94-142 and its implementation on a local level. The other, related, and critical for effective development and maintenance of a continuum of available services, is the establishment of a state-wide information system, in which examples, models and best practices materials for a variety of handicapping conditions, across a range of delivery personnel, in each of the IEP content areas are made available and accessible to local districts.

A. Personnel Training:

Awareness information on P.L. 94-142 content, requirements and ramifications should be made generally available to district personnel and related or interested community agencies and groups. This would provide a common base from which more specific training could be uniformly developed. A fundamental understanding of the law would not only provide the information necessary on each of the Act's components and their interrelationships, but also increase confidence in general implementation, ameliorating the conflicts experienced by districts receiving varying amounts of information at different times.

Administrators and program managers require more intensive training in procedural requirements and compliance indicators. Assistance to special and related service personnel could focus on roles, responsibilities, and integration of programs and disciplines. Additional technical assistance to this group might address specific approaches and models for the content of MDA, placement alternatives, and collaborative service delivery. Ancillary personnel would benefit from deliniation of responsibilities and information regarding their roles in the service continuum.

Both regular and special educators requested specific training in IEP development and implementation. Special education teachers reported their greatest needs in programming, accessing a wide variety of information and material resources, putting individual plans into effect, and daily classroom management. Regular educators indicated confusion and concern regarding integration of handicapped students into their classrooms. Awareness and training in how to effectively include a handicapped child in a regular class, provide appropriate services, and access a resource bank of materials and technical assistance might allay many fears and expectations regarding the quality of education expressed by interviewed instructors.

B. Information System:

The availability of and access to a general information/resource bank would provide an effective and reliable support system for implementing P.L. 94-142 in the districts. Inclusion of material resources, best practices information and models, as well as the identification of available technical assistance and providers could enable districts and program personnel to augment local resources and provide the opportunity to share information and evaluate aspects of implementation in a reliable framework. In some cases, the availability of exemplary models and widely-used procedures might obviate the need for direct training, if

district personnel could obtain validated information and materials against which they could evaluate the content and effectiveness of their own programs and procedures.

The value of a comprehensive information system extends beyond its tangible parts when considering its impact on district users. People thoughout the sampled districts echoed a concern that not only were local resources limited, but identification of and access to a wider selection of information and materials appeared difficult if not impossible. The absence of a resource bank reinforced a sense of isolation in attempting to comply with state and federal regulations and in establishing effective programs.

Despite the barriers to implementation and lack of reliable information and procedures encountered by the sampled districts, the initiative and commitment to providing effective educational programs in accordance with the intent of P.L. 94-142 was very visible across school systems in the state.

Through the interviews and analysis of the study, it became evident that programs and procedures were instituted in response to the federal requirements based on available information and resources, but the follow-through and achievements made were due in large part to individual effort and commitment to the philosophy and intent behind P.L. 94-142. District operations were adjusted to accommodate the new requirements and meet compliance criteria, physical resources were altered to allow for inclusion of handicapped students in the mainstream of educational programs, and regular and special classroom curricula were adapted to provide a comprehensive continuum of placement and program options. Educational and related services personnel acquired information, resources and assistance as best they could, the consistent impetus being provided by personal commitment. The recurring concerns identified during the survey appeared to be superceded by a cohesive effort to meet the intent of the Act and provide more effective educational services to the handicapped students in the state. Establishment of the training and information systems could capitalize on these personal initiatives and provide an organized and reliable support mechanism to ensure the continuation and enhancement of local district achievement of the goals and objectives of P.L. 94-142.